



STEPHEN F. AUSTIN STATE UNIVERSITY

Office of the Registrar

P.O. Box 13050, SFA Station • Nacogdoches, Texas 75962

Phone: (936) 468-2501 • Fax: (936) 468-2261 • Email: registrar@sfasu.edu

REQUEST FOR CERTIFICATION OF INFORMATION

A copy/photo of an unexpired photo ID must be submitted with this form.

Student Information:

Full legal name: _____ Campus ID# or SSN: _____

Date of birth: _____ Daytime phone number : _____

Purpose of request: _____

Information Requested: (check all that apply)

Completion of attached paperwork from: _____

University letter verifying enrollment status (*full-time, half-time, etc.*)

- Semester and year: _____

University letter verifying academic standing (*good standing, probation, suspension*)

- Semester and year: _____

University letter verifying non-attendance

University letter verifying a student has submitted an application for the current semester graduation

Other (please specify): _____

Additional information to be included: _____

Method of Delivery: (check all that apply)

Pick up at the Registrar's Office (photo ID required upon arrival)

Email information to:

- Recipient's name: _____
- Recipient's email address: _____

Mail information to:

- Recipient's name: _____
- Mailing address: _____
- City, state, ZIP: _____

Fax information to:

- Recipient's name: _____ Company/dept.: _____
- Fax number: _____

I authorize the Registrar's Office at Stephen F. Austin State University to release the above information as requested, including my campus ID number.

Student's signature: _____ Date: _____