



**FISK UNIVERSITY
OFFICE OF THE REGISTRAR
CERTIFICATION FORM**

PERSONAL DATA

STUDENT NAME: _____

SOCIAL SECURITY NUMBER /STUDENT ID _____

CURRENT ADDRESS: _____

CITY

STATE

ZIP CODE

CURRENT PHONE NUMBER _____

DATA REQUESTED (PLEASE CHECK APPLICABLE BOX):

- PRESENT ENROLLMENT**
- ENROLLMENT HISTORY**
- LETTER OF GOOD STANDING**
- OTHER (PLEASE STATE INFORMATION NEEDED):**

SUBMISSION METHOD (PLEASE INDICATE METHOD):

____ **FAX (LIST ADDRESSEE NAME AND NUMBER):**

____ **MAIL (LIST ADDRESSEE NAME AND MAILING ADDRESS):**

____ **PICK UP (DATE _____ TIME _____)**

STUDENT SIGNATURE _____

TODAY'S DATE _____