OFFICE OF THE REGISTRAR

Certification Letter Request Form

Please note that third parties may only request the verification/certification of information which they provide. FERPA legislation requires that specific course, grade point average, or other student records related information be released only upon the signed consent of the student.

- In-person requests can be made in the Registrar’s Office, 120 Holloway Hall.
- Mail requests should be addressed to: Registrar’s Office, Salisbury University, 1101 Camden Avenue, Salisbury, MD 21801-6860.
- FAX requests should be sent to: 410-677-5078.
- E-mail requests should be directed to: registrar@salisbury.edu.

Complete all information in Blue or Black Ink Only.

Name ____________________________________  Student ID Number ______________________
Last    First    Middle

Phone Number for questions: ____________________________________________________________

Information to be verified (select all that apply):

___ Semesters and Credit Hours Enrolled in at SU
___ Expected Date of Graduation: ______________________________________________________
___ Degree Earned: ________________________________________________________________
___ Other (please specify): __________________________________________________________

Indicate below which method of delivery is preferred and provide necessary details:

___ Mail to the following person at the address below:

Name: __________________________________________________________
Address: _______________________________________________________
City, St, Zip ______________________________________________________

___ FAX to the following person at the number below:

Name: __________________________________________________________
Fax #: __________________________________________________________

___ I will pick up in person.

Signature ______________________________  Date ___________________________