

CERTIFICATION REQUEST FORM

Received by: _____ on _____

INSTRUCTIONS AND REGULATION

1. Please **PRINT** or **TYPE** all information accurately and completely.
2. A certification of a student's attendance at Guam Community College will be issued in accordance with the written instructions of a student (or if the student is a minor, the student's parent or legal guardian) whose certification is being requested.
3. If anyone other than the student is to pick up the certification, the student must provide a written authorization.
4. **COST:** 5 working days single copy is free; additional copies is \$1.00. For same day service \$5.00; additional copies requested at the same time, \$1.00 each. Requests must be submitted before 1:00pm to be ready after 4:30pm on the same day. Requests received after 1:00pm will be available the following working day after 12noon. Same day service is not available on Fridays. Effective Fall 2006, there will be an increase in processing fees.

I, _____, hereby request the Registrar to certify, concerning:

LEGAL NAME: _____ <small style="display: flex; justify-content: space-between; font-size: small;"> LAST FIRST MI. </small>	STUDENT ID NUMBER: _____ <small style="font-size: small;">(e.g. SSN, Driver's License...)</small>
MAILING ADDRESS: _____ <small style="display: flex; justify-content: space-between; font-size: small;"> P.O. Box or Home Mailing Address </small>	DATE OF BIRTH: _____ <small style="font-size: small;">Month/Day/Year</small>
TELEPHONE NUMBER: _____	GENDER: () Male () Female PROGRAM: _____ TERM: _____ <small style="display: flex; justify-content: space-between; font-size: x-small;"> (e.g.: VHS, AHS, College, GCC Special Projects) (Sem/Year) </small>

SPECIFY, EXACTLY, THE CERTIFICATION YOU ARE REQUESTING (e.g. Full/Part-Time Status, Declared Student..)

1. _____
2. _____

THE REGISTRAR'S LETTER OF CERTIFICATION SHOULD BE ADDRESSED TO:

I will pick up my certification at the Admissions & Registration Office.

Please mail directly to the address below:

I understand that in requesting this certification, I have authorized the Registrar to release pertinent portions of my educational records, according to the requirements of the Family Education Rights Privacy Act (FERPA Statutes).

STUDENT'S SIGNATURE: _____ DATE: _____

Number of certifications requested: _____	Number of certifications charged: _____
Amount collected from student: _____	Receipt Number: _____
Certification prepared by: _____	Date: _____
Certification checked by: _____	Date: _____

REVISED: 04/06

1. STUDENT FILE 2. STUDENT COPY