

## **Enrollment Certification**

Please complete, print, sign, and deliver to the Registrar's Office!

► STEP 1: IDENTIFY THE STUI	DENT TO CERTI	FY					
First name:		Social Security Number					
Last name:		or Furman ID	:				
The student's name when he or she attended Furman, if different:		Date of Birth	:				
		The last year the attended F			R	EQUIR.	ED
►STEP 2: SPECIFY SOME IMP	ORTANT DETAI	LS		•	•••••		
How many copies of the certification should be sent to the recipient?							
When should the certification(s) be sent:	now	at the end of the term	on a specific date:				
Will you pick up your certification(s) or should we mail it?	mail	pick-up at the Registrar's Office					
Do you have any other materials or forms that should be sent with the certification?	yes	no					
Tell us about any other handling instructions you might have:							
►STEP 3: PROVIDE A DELIVEI ADDRESS	RY NAME AND	►STEP 4: PROV	/IDE YOUR	NAME A	AND A	DDRI	ESS
Name:		Name:					
Address:		Address:					
City, State,		City, State,					
Zip: Country:		Zip: Country:					
Describe the		Telephone:					
reason for this certification:		E-mail:	<u>i I i</u>	! .	!	<u> </u>	<u>!</u>
►FINAL STEP: AUTHORIZE Y	OUR REQUEST	•••••		•	•••••		•••••
Signature:		Date:					