



**STUDENT STATUS CERTIFICATION
LETTER REQUEST FORM**
Date: _____

Please read and fill out this form *completely* to ensure that it will include any and all information that you need included in your letter of certification.

Name: _____ ID# _____

Class Year: _____

Anticipated Date of Graduation: _____

Please check the appropriate status: Full Time Part Time

Term(s) for which requesting certification: _____

Name of Recipient: _____

Address to which to send the letter: _____

Fax number or email: _____

Additional information that should be included in the letter (such as an account number, policy number or Social Security number)

Requested by: _____
Signature Date

Please return the completed Form to the Office of the Registrar, 125 W. Cooper, Sterling Kansas 67579 or email the request to registrar@sterling.edu.