

REQUEST FOR CERTIFICATION SERVICES

Certification Services forms can be submitted in any of the following ways:

- In person at Colonial Central in the Marvin Center at 800 21st Street, NW
- By mail to Office of the Registrar, 44983 Knoll Square, Enterprise Hall, Suite 390, Ashburn, VA 20147
- By email to **registrar@gwu.edu**
- By fax to **(202) 994-0282**

Current Name	GWid or Student ID	DOB
Daytime Phone Number	Email Address	

Certification Type

Letters We Can Write

- ☐ Enrollment for a given semester *(available starting the first day of the semester)*
specify semester: _____
- ☐ Registration *(student must be registered at the time of request)*
- ☐ Degree(s) awarded and date(s)
- ☐ Expected degree and date
- ☐ Invitation Letter **
specify visit or graduation: _____
- ☐ Other _____

Forms You Must Provide:

- (please specify the semester to be certified)*
- ☐ Law School Bar or Pre-Legal Forms
- ☐ Automobile Insurance Forms _____
- ☐ Loan Deferment Forms _____
- ☐ Health Insurance Forms _____
- ☐ Common Application
- ☐ Other _____

****You are strongly encouraged to print neatly or type the names and relationships for a letter of invitation to ensure proper spelling in the letter. Please include this information on the back of this form.**

Delivery Method

Requests will be completed in approximately four business days, but will take longer during high-volume times including the beginning of the semester and the period following spring commencement. Certain requests, such as course descriptions or notarization, or forms that must be sent to another department, may take longer to complete.

☐ Email _____
Attention _____ Email Address _____

☐ Fax _____
Attention _____ Fax Number _____

☐ Mail _____
Attention _____
Address _____ Address _____
City _____ State _____ Zip _____

Signature and Date

By signing this request, I authorize the George Washington University to produce a Letter of Certification verifying the information requested above. By choosing to have my certification faxed or emailed, I understand that confidential information may not be transmitted securely and I agree to release the Office of the Registrar from any and all liability.


Signature _____

_____ Date

THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON, DC

Office of the Registrar

Colonial Central
Marvin Center
Ground Floor

Phone:
(202) 994-4900

Fax:
(202) 994-0282

Email:
registrar@gwu.edu