



# REQUEST FOR CERTIFICATION SERVICES

## OFFICE OF THE UNIVERSITY REGISTRAR

**Allow 2 business days processing time.**

To obtain certifications after the add/drop period of each semester, please refer to the National Student Clearinghouse (NSCL) link via BannerWeb at <https://bannerweb.richmond.edu>. After you log in, go to "Student Services" and "National Student Clearinghouse" to complete the certification.

**SPECIAL INSTRUCTIONS FOR REGISTRAR'S OFFICE SUBMISSIONS:** If you need the following added to your certification(s) please check:

- STUDENT'S SSN:** Student must sign and date "Student's Signature" section below.
- GPA:** Student must sign and date "Student's Signature" section below.
- GROUP NUMBER OR INSURANCE PLAN NUMBER:** Please provide this information. \_\_\_\_\_
- OTHER:** \_\_\_\_\_

**Requestor:**  Student or  Parent / Third Party (name) \_\_\_\_\_

**Student ID# (or SSN)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Student Email** \_\_\_\_\_

**Student Phone #** \_\_\_\_\_

**Requester Phone # (if requestor is not student)** \_\_\_\_\_

**Student Name** \_\_\_\_\_

LAST (Print)

FIRST

MIDDLE

[\* Name as used at the University of Richmond (if changed) \_\_\_\_\_]

**I hereby request the following Certification(s):** (please check)

**Verifications:**

- Enrollment for a given semester,**  
Specify semester \_\_\_\_\_  
(available after the first day of the semester)
- Pre-registration**
- Degree(s) awarded**  
Specify degree \_\_\_\_\_ date \_\_\_\_\_
- Other** (please specify) \_\_\_\_\_
- Additional Instructions:** \_\_\_\_\_

**Forms:** (please attach, if applicable)

- Employment-related form**
- Automobile Insurance form**
- Health Insurance form**
- Loan Deferment form**
- Sibling Enrollment form**
- Other** (please specify) \_\_\_\_\_

**Mail certification to:** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Hold for pick up** (You may pick up your certification(s) after 2PM. Please allow two business days.)

**Fax certification to:** ( ) \_\_\_\_\_; ATTN: \_\_\_\_\_

**Student's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this request, I authorize the University of Richmond to release my GPA and/or SSN to the party or parties listed above.

RETURN COMPLETED REQUEST IN PERSON, BY MAIL, or FAX:

Office of the Registrar (Sarah Brunet Hall)  
28 Westhampton Way  
University of Richmond, VA 23173  
804-287-6578 Fax

For Office Use Only

Date Processed \_\_\_\_\_

Initials: \_\_\_\_\_