



Northwest UNIVERSITY

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REQUEST FOR CERTIFICATION OF ENROLLMENT

Student _____ ID# _____

Phone # (____) _____ Email Address _____

Type of Certification:

Official Letter

Select which of the following information to include:

Social Security # _____

Anticipated Graduation Date _____

Other _____

Purpose:

Insurance

Name of Insured _____ Policy # _____

Loan

Loan # _____

Other _____

Certify Enrollment for:

Previous Term: _____, 20_____

Current Term: _____, 20_____

Future Term: _____, 20_____

***Please note: Enrollment Certification can only be sent after the appropriate Add/Drop time period has ended.**

Delivery:

PICK-UP: I will pick-up certification letter

FAX: (____) _____

EMAIL: _____

MAIL: Please mail certification to person and address below.

Signature: _____ Date: _____

OFFICE USE ONLY	
INITIALS: _____	DATE SENT: _____