



Northwest UNIVERSITY

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registrarsoffice@northwestu.edu

REQUEST FOR CERTIFICATION OF ENROLLMENT

Student _____ ID# _____

Phone # (____) _____ Email Address _____

Type of Certification:

- Official Letter
- Report Card

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: _____