Hendrix College Request for Enrollment Certification Services Registrar's Office

To obtain certifications after the add/drop period of each term, please log into your campus web account and download a free copy of your enrollment certification under 'Academics'.

| 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. An official transcript will then be enclosed with the certification. □ Group Number or Insurance Plan Number: Please provide this information. □ Other: | |
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| Requestor: □ Student □ Parent □ Third Party (name) | |
| Student ID# (or SSN) Student Email | Date Daytime Phone # |
| Student Name Last (Print) *Name as used at Hendrix College (if changed) | First Middle |
| - Name as used at Hendrix Conege (it changed) | |
| I hereby request the following Certification(s): (please che Verifications: □ Enrollment for a Given Term Specify term and year (available after the first day of the term) □ Other (please specify) □ Additional Instructions: | Forms: (please attach, if applicable) □ Employment-related form □ Insurance Form □ Loan Deferment Form □ Sibling Enrollment Form □ Other (please specify) |
| □ Mail certification to: Street Address City State □ Hold for pick up. (Please allow 3-5 business days.) □ Fax certification to: () | Zip |
| Student's Signature Date: By signing this request, I authorize Hendrix College to produce a letter of certification (and an official transcript, if requested for reporting GPA) verifying the information requested above. | |
| RETURN COMPLETED REQUEST IN PERSON, BY MAIL, OR FAX: | |
| Office of the Registrar Hendrix College 1600 Washington Ave Conway, AR 72032 FAX: 501-450-1420 | |
| For Office Use Only: Date Processed Initials | |