

Third Party Request for Certification

Requester's Information						
Full Name						
Contact Phone		Contact E-Mail				
Signature					Date	
<u>Directory Information</u> : The University has defined directory information as the following: name, address, phone number, email address, major, dates of attendence, enrollment status, anticipated graduation date, class, academic level, application for degree, and degrees conferred. To receive any information not included in the previous list, the student must provide the Office of the University Registrar with his/her signed authorization. Note that the University cannot list a student's identification number without the student's written authorization. E-mail is not an acceptable form of written authorization. The University cannot verify students' dates of birth, Social Security Numbers, or other information which cannot be verified via students' education records at Virginia Tech. <u>Note</u> : This request will be processed in compliance with the Federal Family Educational Rights and Privacy Act of 1974, as amended.						
Student's Information						
Student's Name				Student's ID Number		
Information Requested						
Please provide written certification of the following information. (Check only the information being requested.)						
☐ Pre-registration for Next Term ☐ Complete Enrollment History ☐ Detail of All Degrees Conferred ☐ Detail of All Degrees Conferred ☐ Detail of All Degrees Conferred			ipated Graduation Date (AGD) specify if more than one degree is being pursued. Note that the AGD is sted by minimum hours required for graduation for undergraduate students, ed program length for graduate students, or information provided as a result of dent's application for degree.) : (Please Specify)			
Delivery Preference						
☐ I will pick up this certification immediately.			For Official Use: Type of Identification Provided: Student Release Provided: Yes No			