

BROOKLYN LAW SCHOOL
Office of the Registrar

CERTIFICATION OF ENROLLMENT REQUEST FORM

(Please be advised that letter requests **cannot be processed without addressee information** and **may not be addressed to the student.**)

Name: _____ **SSN:** _____
Last First MI

Other Names Used: _____ **Class:** _____

Program: ___ JD ___ Visitor ___ FTL ___ Other: _____

Current Status: ___ Active ___ Withdrawn ___ On Leave ___ Graduated

Enrollment Status: ___ Full-time ___ Part-time Day ___ Part-time Evening ___ Part-time Combined

NATURE OF REQUEST: (Please check appropriate section)

- A. ___ **Certification of Enrollment**
- B. ___ **Certification of Graduation**
- C. ___ **Letter of Good Standing**

ADDRESSEE:

SPECIAL INSTRUCTIONS:

- 1. ___ **Include Total No. of Credits completed**
- 2. ___ **Include Dates of Semesters in attendance**
- 3. ___ **Other (Explain):** _____

If you need a **copy of this letter sent to you**, please check here: ___

Signature: _____ **Date:** _____