

Academic Certification Request

Last Name: _____
First Name: _____
Middle Initial: _____
Former Name(s): _____

Date of Birth: _____
Phone Number: _____
Email: _____
UNI (if applicable): _____

CU School(s) attended: _____

Dates of attendance:
From: _____ **To:** _____

# Requested		<input type="text"/>
Name		

Address Line 1		

Address Line 2		

City		

State / Country	Zip / Postal Code	
_____	_____	

# Requested		<input type="text"/>
Name		

Address Line 1		

Address Line 2		

City		

State / Country	Zip / Postal Code	
_____	_____	

# Requested		<input type="text"/>
Name		

Address Line 1		

Address Line 2		

City		

State / Country	Zip / Postal Code	
_____	_____	

# Requested		<input type="text"/>
Name		

Address Line 1		

Address Line 2		

City		

State / Country	Zip / Postal Code	
_____	_____	

Signature: _____

Date: _____

University Registrar
www.columbia.edu/cu/registrar

Academic Certification requests must be submitted electronically.
For Morningside students please submit the request to ssc@columbia.edu
For Medical Center students please submit the request to cumc-rfs@columbia.edu