

The University of Texas at Austin
Office of the Registrar
Certification Request

Name of the Organization / Group: _____
Phone Number: _____

Representative to pick up certification: _____
Address _____

This certification will be reported in accordance with the academic record as of the date prepared.

MARK an "X" on the appropriate line(s) from the MENU:

- UT Degree Earned _____ School – College (i.e., Liberal Arts) _____ Grade Point Average _____ Major _____
 - Past Semesters (Fulltime/Part-time) _____ Dates of Attendance _____ Classification _____ TASP _____
 - Currently Registered (Fulltime/Part-time) _____ Print Social Security Number _____ Date Degree Expected _____ Academic Standing _____
- Information NOT provided above: _____

All items above this line must be completed before signatures can be obtained.
I authorize the University of Texas at Austin to release the specified information indicated to the representative named above.

UTEID	Print Full Name	Date of Birth	Signature of the student	Date signed

NOTICE CONCERNING YOUR INFORMATION — The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that the University of Texas at Austin collects about you. It also gives you the right to request a copy of the information and to have the University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713 (e-mail: cfo@www.utexas.edu).