New Mexico Tech
Request for Letter of Certification

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student ID #</th>
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DOB:          Last four of SSN:  
E-mail       Date

**We cannot certify enrollment for semesters that are still open for registration.**

Other information that you would like to include. (The certification will include Full or Part time, Student Id, and Number of hours.)

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**Please Send to:**

- Name: ____________________________
- Mail Address: ________________________  
- Fax: ________________________________  
- Email: ____________________________
- Pick up Phone: Fax: ____________________  

**Signature:** ____________________________