

**REQUEST FOR VERIFICATION OF STUDENT STATUS**

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**CLASS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Please send the form checked below to the address indicated:**

\_\_\_\_\_ **Certificate of Registration**

\_\_\_\_\_ **Certificate of Good Standing**

\_\_\_\_\_ **Certificate of Good Standing for Outside Elective**

**Address:** \_\_\_\_\_

\_\_\_\_\_

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