

New Mexico Tech Request for Letter of Certification

Last Name	First Name	Student ID #
DOB: _____	Last four of SSN: _____	Date
E-mail		
We cannot certify enrollment for semesters that are still open for registration.		
<p>Other information that you would like to include. (The certification will include Full or Part time, Student Id, and Number of hours.)</p> <hr/>		
<p><u>Please Send to:</u></p>		
<input type="checkbox"/> Mail	Name: _____	
<input type="checkbox"/> Fax	Address: _____	
<input type="checkbox"/> Email	_____	
<input type="checkbox"/> Pick up	Phone: _____	Fax: _____
<p>Signature: _____</p>		