

**GROSSMONT COLLEGE
CERTIFICATION OF STUDENT STATUS**



Student Name _____ ID # _____
Last First Middle

Date of Birth _____ Major _____ Phone # _____

Nature of request: Letter Form Other (please indicate) _____

Number of copies requested: _____

Information requested for following semester(s): Fall Spring Summer

Please give details of what should be included: _____

Information will be: Picked Up Mailed to Name and Address Below

STUDENT SIGNATURE _____ DATE: _____

OFFICE USE ONLY

Date Received ____/____/____ By _____ Date Sent ____/____/____ Pick Up Date: ____/____/____