

REQUEST FOR ENROLLMENT CERTIFICATION

MERCER ID #: _____

Phone number: _____

Name: _____
 First Middle Last

Street: _____

City: _____ State: _____ Zip: _____

Number of copies requested: _____

Issued to Student

ADDRESS IF CERTIFICATION IS TO BE MAILED: (Print name & Address of recipient of enrollment certification or attach a form)

Give classification: 1st Yr 2nd Yr 3rd Yr Alumni
Graduate Year _____

SIGNATURE OF STUDENT

Date

Mail form to:

**Mercer University School of Law
Registrar's Office
1021 Georgia Ave.
Macon, GA 31207**