



Certification Request Form
MIAMI CAMPUS

Complete this form and return it with the appropriate fee to the Finance office, by fax to (305) 592-1108 along with the credit card form completely filled out, or by mail with the credit card form or a check/money order payable to Carlos Albizu University:

Attn: Finance Department
Carlos Albizu University
2173 NW 99 Avenue, Miami, FL, 33172

- Student must not have any active hold or restriction. Please review your records for any holds prior to submitting this request.
Normal processing time is 7 to 10 working days after receipt. Delays are expected during registration periods. Rush requests are available (less than 3 working days) for an extra charge of \$5.00 each.
We need a valid e-mail address and daytime telephone so we can contact you if needed.
Claims regarding this request are only allowed within 30 days from the date of order.

Student Name: _____ ID or SSN#: _____

Table with 3 columns: Quantity, Type of Certification Requested, Fee (each). Rows include Certification of Degree Conferred, Certification of Requirements Completed, Certification of Clinical/Practicum hours completed, Certification of Internship Completed, Specialized, detailed Certification, and Academic Status Certification.

If you need the following added to your certification(s) please check:

- Student's Social Security number
Additional Instructions:
I will pick-up
Please mail-out to this address:
Rush service (\$5.00 added to each certification)

SIGNATURE: _____ E-MAIL: _____
STUDENT'S PHONE NUMBER: _____
Home Cell Work

NOTE: REQUESTS WILL NOT BE HONORED UNLESS APPROPRIATE PAYMENT IS RECEIVED AND THIS FORM IS SIGNED



MIAMI CAMPUS

CREDIT CARD FORM

PLEASE COMPLETE ENTIRE FORM

DATE: _____

STUDENT NAME: _____

STUDENT I.D.#: _____ STUDENT S.S.#: _____

DAY TIME TELEPHONE NUMBER/CELL: _____

MASTER CARD VISA DISCOVERY AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

EXPIRATION DATE: / / 3 DIGIT # ON THE BACK OF CARD: _____

CARD HOLDER'S NAME: (please print) _____

CARD HOLDER'S ADDRESS: _____

CHARGE ONLY \$: _____ REASON: _____

SIGNATURE: _____

FAX BOTH FORMS TO THE FINANCE DEPARTMENT FOR PROCESSING. THEY WILL FORWARD THE REQUEST TO THE CORRESPONDING DEPARTMENT.

FINANCE DEPT. FAX NUMBER: **(305) 592-1108**

TELEPHONE: (305) 593-1223 ext. 109 or 112