

Office of Advising, Records and Registration 2700 N Tamiami Tr Sarasota, FL 34234

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Enrollment Certification Request

Student Information
Social Security Number: ***-**
Birth Date :
Student Name:
Date:
Address:
City:
State:
Zip:
Phone#:
Email:
Requested by (check one): ☐ Student ☐ Parent
Reason Needed: Verify Enrollment Social Security Office Verify Graduation
Your Class: ☐ Freshmen ☐ Sophomore ☐ Junior ☐ Senior
Your Major: Advertising Design Motion Design Business of Art & Design Computer Animation Digital Film Fine Arts Game Art & Design Graphic & Interactive Communication Illustration Interior Design Painting Photography Printmaking

 \square Sculpture

Where to Send

\square Hold for pick up in Advising and Registration Office
□ Email to:
□ Fax to:
☐ Mail to:
Number of copies needed if mailing: