



## LSU Health Sciences Center – New Orleans Request for Academic Certification

PLEASE PRINT OR TYPE

|  |         |         |
|--|---------|---------|
| Date   |         |         |
| Office of the Registrar (Institution)  | FAX No. |         |
| <b>RE: Academic Certification for Student Workers</b>  |         |         |
| LSU Health Sciences Center – New Orleans' policy on the hiring and retention of Student Workers requires that the individual be a full time student in good standing at the educational institution that they attend. This letter is our request for your academic certification of a student that is either seeking employment, or is currently employed. |         |         |
| Student Name   |         |         |
| Student Release: I understand that the eligibility for employment and continued employment requires that I carry an academic class load equal to full time equivalence at my educational institution and remain in good academic standing. I agree to provide or authorize LSUHSC – New Orleans to obtain information, which would evidence these facts.   |         |         |
| Signed (Student Signature)   |         | Date    |
| <b>Academic Certification</b>  |         |         |
| As of this date; _____, we hereby certify the following academic information about the student identified on this form (above).  |         |         |
| He/She is enrolled as a            full-time or            part-time student   |         |         |
| For the period beginning _____ and ending _____  |         |         |
| He/she            is or            is not currently in good academic standing at the institution.  |         |         |
| Signed (Authorized Individual)   |         |         |
| Name   |         | Title   |
| <i>If your institution has a standard form/letter that provides this information, you may feel free to use it in lieu of this form.</i>  |         |         |
| <b>FAX Information</b>   |         |         |
| The LSU Health Sciences Center – New Orleans routinely accepts this information via facsimile, so please FAX this form (or your standard form) to:   |         |         |
| Department   |         | FAX No. |
| Attention  | Title   |         |
| <i>Thank you for your time and effort in providing this information.</i>   |         |         |

