



LSU Health Sciences Center – New Orleans Request for Academic Certification

PLEASE PRINT OR TYPE

Date		
Office of the Registrar (Institution)	FAX No.	
RE: Academic Certification for Student Workers		
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
Academic Certification		
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>		
FAX Information		
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>		

