**Request for Confirmation of Degree Completion**

|  |
| --- |
| Name:  |
| UID:  | Semester:  |

 \_\_\_\_\_ I am requesting a hard copy letter

 \_\_\_\_\_ I am requesting that an email be sent to:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ I am requesting both a hard copy letter and an email

My signature below indicates my authorization for the Department of Mechanical & Materials Engineering at Wright State University to release this information regarding my academic record.

x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_