



REQUEST FOR CERTIFICATE OF ADAP

Please provide all of the following information or the request will be delayed.

CAUTION: *Illegible writing may delay the process. **PLEASE PRINT.***

STUDENT ID: _____ DATE: _____ *** FEE \$5.00 _____

SEX: _____ DATE OF BIRTH: _____

STUDENT'S FULL LEGAL NAME:

LAST NAME

FIRST NAME

MIDDLE INITIAL

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

**** There is a \$5.00 **NON-REFUNDABLE** fee that is due upon your request.*

*There will be a **24 - 48 hour** wait time before you can pick up in the front office.*