



**MANHATTAN  
SCHOOL OF MUSIC**

Please print, complete and mail, bring to  
or fax : 212-749-5471  
(Attn: Registrar's Office)

Manhattan School of Music  
Office of the Registrar: Certification  
120 Claremont Ave  
New York, NY 10027-4698

**Please print clearly and complete  
all the blanks on this form.**

## **Certification Letter Request Form**

**Student ID:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**First and Middle Name:** \_\_\_\_\_

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

Telephone Number(s): \_\_\_\_\_

\_\_\_\_\_ My enrollment at MSM for the CURRENT academic semester.

\_\_\_\_\_ The dates of my attendance at MSM

\_\_\_\_\_ Other please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What degrees are you working on or have you completed from MSM? **Please include dates!!!!!!!:**

BM \_\_\_\_\_ MM \_\_\_\_\_ PS \_\_\_\_\_ DMA \_\_\_\_\_

Letter(s) to be picked up personally? Y/N \_\_\_\_\_ -or-

Letter(s) to be sent to /Notes : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office use only:** Completed by \_\_\_\_\_ Date Stamp: