



CERTIFICATE REQUEST FORM

(One form per student. Please send all forms for the graduating students at one time)

Student ID: _____ Today's Date: _____

(Type or print legibly as you want it to appear on the certificate)

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Student's First Name

Middle Name (Initial)

Last Name

Name of Church: _____

Address: _____

City: _____ ST _____ ZIP _____

Telephone: (____) _____

Group Leader: _____

Leader's Phone: (____) _____ Student's Phone (____) _____

INFORMATION:

1. Complete and send in this form along with a check/money order or credit card information for \$10.00 (**Non-Refundable Fee**) to: INSTE – 2302 SW 3rd Street, Ankeny, IA 50023
2. The certificate will be mailed to the church within 4-6 weeks of the date we receive this form.
3. Only the students who have **successfully completed** the First Level studies (Discipleship 1, Discipleship 2, Old Testament & New Testament) **may apply** for the certificate.

CERTIFICATION:

The above named student has *successfully completed* the INSTE First Level Courses.

Group Leader's Signature: _____ Scheduled local graduation date: _____

Enclosed is a check for the amount of: _____

Credit Card Payment (please fill out below)

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Exp. Date _____/_____/_____ CVS _____	*(the last three numbers on the back of the credit card)
Number: _____	
Credit Card Billing Address (where you receive your bill) _____	
_____ zip _____	
Print Name _____	Authorized Signature: _____
Card holder name (as it appears on the card)	

FOR OFFICE USE ONLY

Date Rec'd:	Transcript Checked by:	Certificate Prepared by:
		Certificate Sent on:
Amt. Rec'd:	INV #	Certificate Sent by: