



# CERTIFICATE REQUEST FORM

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

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Today's Date: \_\_\_\_\_  
mm/ dd /yyyy

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

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Student's First NameMiddle 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 processed at the end of the month the request was received and it will be mailed to the church the first week of the following month.
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)

Visa  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: