

# Request for Certificate of Participation and Digital Badge



SACRAMENTO STATE  
COLLEGE OF CONTINUING EDUCATION

Prior to completing the last course of your certificate program, submit this form to the College of Continuing Education at Sacramento State. After the College of Continuing Education has verified completion of all required courses, you will receive a Certificate of Participation and an official Continuing Education Units/Hours CEU transcript. By checking the box below, a digital badge will be emailed to you (we will share your email address with our 3rd party badging issuer). Upon request, an official letter of program completion will be sent to the employer, supervisor, personnel manager or association identified on the bottom portion of this form.

Processing of certificate will take approximately 4–6 weeks upon submission of this form or completion of the certificate program.

### Please complete the following:

Name (Last, First, Middle Initial) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Certificate Program: \_\_\_\_\_

Expected program completion date: \_\_\_\_\_ mo/year

Name as you would like it to appear on certificate: \_\_\_\_\_

- I don't need a certificate of participation mailed to me.
- I would like to receive a digital badge representing successful completion of my certificate program.  
(Your digital badge will be emailed to you and can be displayed, accessed, and verified online).

*If you would like a letter of commendation regarding your certificate completion sent to your employer, supervisor, personnel manager or association please provide the following information.*

Employer Name \_\_\_\_\_ Title \_\_\_\_\_ Company/Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(By signing you are authorizing the release of personal academic information to the employer listed above.)

**Please submit the completed form to:** Sacramento State, College of Continuing Education, Information and Registration Services, 3000 State University Drive, Sacramento, CA 95819 or email to **cceonlinereg@csus.edu** or fax to **(916) 278-4601**.

OFFICE USE ONLY	
_____ # of CEUs awarded	_____
_____ Month/year of completion	_____ Program Name (As it is to appear on certificate)
_____ Program Unit Signature	_____ Date