

Mount Olive Missionary Baptist Church

CLASS CERTIFICATE REQUEST

****Teachers, In order to receive a certificate for each student completing your class, please submit this form to the Church Office at least 7 business days PRIOR to the last day of class.**

Today's Date:

Name:

Class Information

Date Completed:

Class Name:

Teacher's Name:

****Requested By:**

Are you a member of Mt. Olive? Yes No

Contact Information:

Name:

**Address, City, State,
Zip Code**

Phone number:

Email:

For Office Use Only

Please date and initial:

Database updated

Verification(only if requested by the student)

Certificate prepared

Certificate mailed/picked up

File – Request form and copy of certificate

If mailed, please allow 14 business days for processing.

Mount Olive Missionary Baptist Church

Attn: Office Manager

118 Johnson Street

Fayetteville, NC 28303

Email: info@mountolivembc.org