



Enrollment Verification

Office of the Registrar • 79 New Montgomery St., 3rd Floor • San Francisco, CA 94105 • Ph 415-618-6454 • Fx 415-618-6273

1. STUDENT INFORMATION

Please note that verifications can take up to one week to process.

Last Name _____

First Name, Middle Initial _____

Maiden or Former Name _____

Student ID _____

Social Security # _____

Date of Birth _____

Street Address _____

City, State, Zip _____

Phone Number _____

First Semester at AAU _____

Are you an International Student? _____ If yes, **STOP** filling out this form. Please contact International Student Services.

2. PURPOSE OF VERIFICATION

3. SEMESTERS TO VERIFY

(Circle semester) **From:** Fall Spring Summer of (year) _____ **To:** Fall Spring Summer of (year) _____

4. METHOD OF DELIVERY

- I will pick up my verification/s at the Office of the Registrar
- Please mail to the following address/es Check here if additional addresses on reverse

Send ____ copies of verifications to:

Send ____ copies of my verifications to:

Name _____

Name _____

Address _____

Address _____

5. STUDENT SIGNATURE

Signature _____

Date _____