

# Enrollment Verification

**IMPORTANT:** IF YOU NEED VERIFICATION FOR VISA PURPOSES, CONTACT INTERNATIONAL SERVICES:  
79 NEW MONTGOMERY, 4<sup>TH</sup> FLOOR • P. 415-274-2208 • F. 415-618-6278 • INTLSERVICES@ACADEMYART.EDU

**STUDENT INFORMATION**

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

Last Name:		First Name:	
Student ID:		Email Address:	
Date of Birth: / /	First attended (mo/yy):	Former Name(s):	
Street Address			
City, State:	Zip:	Country:	Phone:

**PURPOSE OF VERIFICATION**

Check all that apply:

- Loan Deferment
- Insurance (e.g. health, car)
- Employment
- Housing
- Scholarship
- Other (please describe): \_\_\_\_\_

**SEMESTERS TO VERIFY**

From:  Fall  Spring  Summer \_\_\_\_\_ To:  Fall  Spring  Summer \_\_\_\_\_  
(year) (year)

**SPECIAL INSTRUCTIONS**

Verifications include semesters/dates attended, degrees earned, full-time/part-time status, academic program, major, and/or expected graduation term. Please identify any additional information needed for your request here:

\_\_\_\_\_

\_\_\_\_\_

**DELIVERY METHOD**

- I will pick up my verification/s at the Office of the Registrar.
- I authorize the following individual to pick up my verification/s on my behalf (must bring photo ID): \_\_\_\_\_
- Fax to the following: \_\_\_\_\_
- Email to the following address/es: \_\_\_\_\_
- Please mail to the following address/es:

Send \_\_\_\_ copies of my verifications to:

Send \_\_\_\_ copies of my verifications to:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STUDENT SIGNATURE** Physical signatures only; digital signatures are not accepted. Forms without a signature will not be processed.

Signature \_\_\_\_\_

Date \_\_\_\_\_