

Office of the Registrar 79 New Montgomery Street San Francisco, CA 94105 P. 415-618-6454 · F. 415-618-8237 registrar@academyart.edu

## **Enrollment Verification**

IMPORTANT: IF YOU ARE AN F1 VISA STUDENT NEED VERIFICATION FOR F1 VISA PURPOSES, CONTACT INTERNATIONAL SERVICES VIA THEIR ONLINE ORDER FORM: https://www.academyart.edu/aau-forms/international-admissions/letter-request-form

## 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: / /	irth: / / First attended (mo/yy):		Former Name(s):			
Street Address	L					
City, State:	Zip:		Count	ry:	Phone:	
PURPOSE OF VERIFICATION					l	
Check all that apply:  Loan Deferment Insurance (e.g. health, Employment Housing Scholarship Other (please describe	car) ):					
SEMESTERS TO VERIFY	,					
From:	(y dates attended, degrees ea	vear) arned, full-time/p	part-time s		□ Spring □ Summer _ lemic program, major, and/o	(year)
DELIVERY METHOD   Fax to the following:						
	address/es:					
	of my verifications to:			Send	copies of my verifications t	to:
Name			Name			
Address			Address			
STUDENT SIGNATURE						
Signature		Date		_		
			Registr	ar's Office Us	e Only: Processed by:	Date