

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

## Certificate of Completion

## STUDENT INFORMATION

Please note that Certificate of Completion requests can take up to three weeks to process.

Last Name:	•	First Name:		
Student ID:		Former Names:		
Date of Birth: / /		Email Address:		
Street Address				
City:	State:	Zip:	Phone:	
Final Semester:	l Semester:		Degree and Major:	
# Certificate/s of Completion  First five copies are free, \$10.00 for the sixth copy and \$2.00 for each additional copy on the same request.  SELECT PAYMENT  Payment must be received prior to processing. Please note: if you have a financial hold, we may be unable to process your request.				
<ul> <li>□ Pay cash/check/charge card in person</li> <li>□ Mail with check enclosed</li> <li>□ Mail with credit card number (Visa, Master Card, and Discover accepted)</li> </ul>				
Card Number Amount to Charge \$				
Card Holder Name (Print)	rd Holder Name (Print) Card Holder Signature			
* Please refer to the back of your credit card for your 3 or 4-digit security code.				
DELIVERY METHOD				
□ Fax to the following: □ Please mail to the following address/es:				
Send copies of my verifications to:  Name Address		lame	es of my verifications to:	
STUDENT SIGNATURE				
Signature	Date			