

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: / /	Birth: / / First attended (mo/yy):		Former Name(s):		
Street Address					
City, State:	Zip:	Cou	ntry:	Phone:	
PURPOSE OF VERIFICATION		<u> </u>		1	
Check all that apply:  Loan Deferment Insurance (e.g. health, or Employment Housing Scholarship Other (please describe)	car)				
SEMESTERS TO VERIFY					
From:   Fall   Spring   S	Summer(yea		Γo: □ Fal	II □ Spring □ Summer □	(year)
Verifications include semesters/c term. Please identify any addition			e status, aca	auemic program, major, and/	or expected graduation
<ul><li>☐ I authorize the following: _</li></ul>	address/es:	erification/s on my be			
Send copies	of my verifications to:		Send	_ copies of my verifications	to:
Name		Name			
Address			S		
STUDENT SIGNATURE					
Signature		Date			
		Reg	strar's Office U	Jse Only: Processed by:	Date