

# Request for Verification

## Enrollment Services

Phone 626.396.2313

Fax 626.396.2209

enrollmentservices@artcenter.edu

### Student Information

\_\_\_\_\_

Last Name

First Name

Student ID

Major

\_\_\_\_\_

Birthdate

Phone No.

E-mail Address

### Student Status

\_\_\_\_\_

Undergraduate

Graduate

Not Enrolled

### Verification Type

If you need information that is not listed below, please ask if we are able to provide.

Currently Enrolled

Enrollment History

Graduation Date

Visiting Visa (For Commencement Only)

Jury Duty

Grade Point Average

Anticipated Graduation Date \_\_\_\_\_  
Month / Year

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Receiving Information

\_\_\_\_\_

I will pick-up the letter from Enrollment Services  
(If you do not pick-up within two weeks it will be mailed to your home address)

Please mail the letter to the following address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Signature Authorization

\_\_\_\_\_

\_\_\_\_\_

Student Signature Release (Federal law requires the physical signature for release of information)

Date

### Enrollment Services

\_\_\_\_\_

Prepared by: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Date Faxed: \_\_\_\_\_

ArtCenter College of Design

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