

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 / LOA Enrollment History Graduation Date (Alumni)

California Residency Grade Point Average Anticipated Graduation Term _____

Visiting Visa (For Commencement Only)

Name: _____

Relation: _____

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)

E-mail (digital copy): _____

Mailing options (select one):

No Charge (U.S. Postal Service)
International (regular air mail) - tracking information not available and may take up to 15 days

Is this your current mailing address?

Name of Person or Organization

Address Line 1

Address Line 2

City, State, Postal Code

Country

Telephone (required for FedEx option)

Rush (\$30) Shipped FedEx with tracking information. An invoice for payment will be sent from Authorize.net. Payment must be received before request can be processed.

Signature Authorization

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

Enrollment Services

Prepared by: _____ Date Processed: _____

ArtCenter College of Design

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