



Registrar's Office
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VERIFICATION OF ENROLLMENT REQUEST FORM

This form must be submitted by the student. Processing takes approximately 24 hours.

Last Name First Name Student ID #

Other names used (when attended, maiden, etc.) Term (Term for which the verification is)

Email Phone

Street Address Apt./Suite

City State/Province

Zip Code Country

Student's Program: MFA/MA MFA MA PB BFA BA ND (Non-Degree)

Delivery: Pick Up Day and Time: _____ By: _____

Email Address: _____

Fax Number: _____

Mail (Write address below)

Name At Attention Department/Organization

Street Address Apartment/Suite

City State/Province

Zip Code Country

Registrar's Office Use Only

Received: _____ Sent: _____