



Registrar's Office
 800 Chestnut Street
 San Francisco, CA 94133
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 registrar@sfai.edu

VERIFICATION OF ENROLLMENT REQUEST FORM

SFAI strongly recommends you request your Enrollment Verification through [National Student Clearinghouse](#) for secure verified responses. If you have already attempted this, and your recipient needs a letter on SFAI letterhead instead, please fill out this form. This form must be submitted by the student. Processing takes approximately 24 hrs.

 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: _____