

**THE NEW YORK FILM ACADEMY
OFFICE OF THE REGISTRAR
100 E 17th Street
New York, NY 10003
Tel: (212) 966-3488 ext 650
Fax: (212) 344-4437**

ENROLLMENT VERIFICATION REQUEST

This form is used to request a letter containing information related to your student status. Upon completion of this form, please return it to the Registrar's Office either in person, by mail or via fax. The contact information is listed above. If you wish to email this form, ensure that your signature is included, scan the document and email it to registrar@nyfa.edu. Processing time is two business days. A hold on your student account can delay this request.

PLEASE WRITE LEGIBLY

(1) Name _____
LAST FIRST MIDDLE

MAIDEN NAME OR OTHER NAME FOR WHICH RECORDS MAY BE FOUND

(2) Date Of Birth (mm/dd/yyyy) _____

(3) Purpose of verification request: _____

(4) Number of enrollment verification letter(s) for this request _____

(5) How do you wish to receive your enrollment verification (pick one)?

Pick Up (must be claimed within 10 working days)

Preferred pick up date _____

Fax
Provide Fax #: (_____) Attn: _____

Mail to: _____

I hereby grant permission for New York Film Academy to release the information needed for enrollment verification.

(5) STUDENT SIGNATURE _____ (6) DATE _____

For Office Use Only:

Registrar Signature: _____ Date: _____