

**AMERICAN ACADEMY McALLISTER
INSTITUTE OF FUNERAL SERVICE, INC.**

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REQUEST FOR ENROLLMENT VERIFICATION

PLEASE COMPLETE AND SUBMIT TO THE OFFICE OF THE REGISTRAR. PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING OF EACH REQUEST.

DATE: _____ TELEPHONE # _____

NAME: _____

FORMER/MAIDEN NAME: _____

ADDRESS: _____

EMAIL: _____

Please Print

LAST FOUR DIGITS SOCIAL SECURITY #: _____

Dates of Attendance: _____ Did you Graduate: _____

Please check what you are requesting:

Current Enrollment: _____ **Semesters Enrolled:** _____ **Graduation:** _____

_____ I WILL PICK LETTER/FORM UP _____ PLEASE MAIL or _____ FAX TO:

Signature: _____