

**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: \_\_\_\_\_ ID# \_\_\_\_\_

FORMER/MAIDEN NAME: \_\_\_\_\_

Please Print SOCIAL SECURITY NUMBER: \_\_\_\_\_

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: \_\_\_\_\_