

**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: \_\_\_\_\_