

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

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REQUEST FOR ENROLLMENT VERIFICATION

This form is only for currently enrolled students

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

SONIS ID #: _____

Please check what you are requesting:

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

I WILL PICK-UP: _____

PLEASE EMAIL TO: _____

PLEASE FAX TO: _____

Signature : _____