

**THE NEW YORK FILM ACADEMY  
OFFICE OF THE REGISTRAR  
17 Battery Place  
4<sup>th</sup> Floor  
New York, NY 10004  
Tel: (212) 966-3488 ext 650  
Fax: (212) 344-4435**

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