

NEW YORK FILM ACADEMY

COLLEGE OF VISUAL AND PERFORMING ARTS

ENROLLMENT VERIFICATION REQUEST FORM

OFFICE OF THE REGISTRAR
3300 Riverside Drive Burbank, CA 91505
Tel: (818) 333-3558 - Fax: (818) 333-3557
LRegistrar@nyfa.edu

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 the Registrar's Office. A hold on your student account can delay this request.

PLEASE WRITE LEGIBLY

Name _____
LAST FIRST

Date Of Birth: (mm/dd/yyyy) _____

Purpose of verification request:

Number of enrollment verification letter(s) requested: _____

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.

STUDENT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY:

Registrar Signature: _____ Date: _____

Rev. 4/16 KR

3300 Riverside Drive, Burbank, CA 91505 | www.nyfa.edu | Tel: 1-888-988-NYFA | +1-818-333-3558 | Fax: 818-333-3557 | Email: studios@nyfa.edu

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