Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects
ARCHITECT DEGREE VERIFICATION FORM

Instructions
Section A: To be completed by the applicant, then forwarded to the college or university for certification. Please enclose a stamped self-addressed envelope.

Section B: To be completed by the institution listed in Section A #7 and returned to the applicant or mailed directly to the Board at the address above.

Section A
1. Applicant's Name
   Last               First               Middle               Generation

2. Social Security Number or Virginia DMV Control Number *
   [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
   * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Date of Birth ____________________________

4. Mailing Address (PO Box accepted) __________________________________________________
   City ____________________________ State ________ Zip Code ________

5. E-mail Address _____________________________________________

6. Contact Numbers
   Primary Telephone ____________________________ Alternate Telephone (Cell, Beeper, etc.) ____________________________ Facsimile ____________________________

7. Name of Institution ____________________________________________

8. Address of Institution ____________________________________________
   City ____________________________ State ________ Zip Code ________

9. Dates Attended From ____________________________ To ____________________________

10. Degree ____________________________________________

11. Applicant’s Signature ____________________________ Date ____________________________

Section B
Certification
I hereby certify that the individual named in Section A #1 graduated from this school/institution.

Degree ____________________________________________ Major ____________________________________________

Date Degree Received ____________________________

Signature ____________________________________________

Official Title ____________________________________________ Affix official school seal here.

0401DEG 04/06/2012