Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233
(804) 367-8506
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Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects INTERIOR DESIGNER DEGREE VERIFICATION FORM

## Instructions To be completed by the applicant, then forwarded to the college or university for certification. Please enclose a stamped self-Section A: addressed envelope. To be completed by the institution listed in Section A #7 and returned to the applicant or mailed directly to the Board at the Section B: 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. Date of Birth 4. Mailing Address (PO Box accepted) City 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 Dates Attended Τo From 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.