



VERIFICATION OF ENROLLMENT / VERIFICATION OF DEGREE

Requests will be processed in 3 – 5 business days; there is no charge.

Mail/Fax/Email transcript request form to:
Amanda Sainburg, Assistant Registrar
American Film Institute
2021 North Western Avenue
Los Angeles, CA 90027
Fax: 323.856.7720
Email: asainburg@AFI.com

PLEASE PRINT LEGIBLY:

Last First Middle Initial

Any previous names used while attending AFI (if different)
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Email Phone Number

Date of Birth Discipline

First Year Fellow Second Year Fellow Second Year Continuing

Graduated MFA/Certificate of Completion Graduated First Year Certificate

If graduated, please list dates of attendance:

TYPE OF VERIFICATION REQUESTED:

Current Enrollment Completion of degree Other (Please Specify)

I will pick up my verification. Email me when ready at (email address):

Please mail my verification to: Please E-mail my verification to:

SIGNATURE _____ **DATE** _____