Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233
(804) 367-8506
www.dpor.virginia.gov

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.*