

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 on this application 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. Provide **one** of the following identification numbers*
 Social Security Number or Virginia DMV Control Number - -
➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.
* 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 _____
MM/DD/YYYY
4. Maiden or Former Name(s) _____
5. Mailing Address _____
(PO Box accepted)
City State Zip Code
6. Contact Numbers _____
Primary Telephone Alternate Telephone Fax
7. Email Address _____
8. Name of Institution _____
9. Address of Institution _____
City State Zip Code
10. Dates Attended From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY
11. Degree _____
12. Applicant's Signature _____ Date _____

Section B:

Certification

I hereby certify that the individual named on this application graduated from this school/institution.

Degree _____ Major _____

Date Degree Received _____
MM/DD/YYYY

Signature _____

Affix official school seal here.

Official Title _____