



Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects
INTERIOR DESIGNER 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.