

STATE ARCHITECTS LICENSURE BOARD

MAIL: P. O. BOX 2649
HARRISBURG, PA 17105-2649
TELEPHONE: (717) 783-3397

COURIER: 2601 N. THIRD STREET
HARRISBURG, PA 17110
FAX: (717) 705-5540

VERIFICATION OF EDUCATION

SECTION 1: APPLICANT COMPLETE AND FORWARD THIS FORM TO SCHOOL.

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|----------------|
| APPLICANT NAME |
| HOME ADDRESS |
| |

SECTION 2: SCHOOL OFFICIAL COMPLETE AND FORWARD FORM DIRECTLY TO THE STATE ARCHITECTS LICENSURE BOARD AT THE ABOVE ADDRESS.

I CERTIFY THAT _____ GRADUATED WITH A
_____ GRADUATE _____ UNDERGRADUATE

DEGREE IN _____

GRADUATION DATE: _____

SCHOOL NAME: _____

ADDRESS: _____

PRINT NAME OF CERTIFYING OFFICIAL _____

SIGNATURE OF CERTIFYING OFFICIAL _____

OFFICIAL TITLE: _____ DATE: _____

(AFFIX SCHOOL SEAL)