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