



**College Verification Form Request & Authorization Release**

This is for requests from MAT graduates only, and is for verification to departments of education for teacher certification. Please allow up to 20 business days for processing. If your request is time sensitive, please call the Center for Art Education.

Name: \_\_\_\_\_

MICA ID Number (if known): \_\_\_\_\_

Cell: \_\_\_\_\_

Email:

MICA Email Address: \_\_\_\_\_

Do you currently have access to MICA email account? Yes or No

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ (*print legal name*) hereby request that representatives of MICA complete a College Verification Form on my behalf.

Please release this information to:

(*Indicate self or the name and title of the Department of Education representative to receive the information.*)

Name or Self: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please mail the form to this address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: MICA will not email social security numbers. Please allow time for forms to be mailed to the appropriate location. We can email a scanned copy if need, but will omit certain sensitive information.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:**

Please sent a completed request to Katie Faulstich at the Center for Art Education

**Mail To:**

Center for Art Education, MICA  
co Katie Faulstich  
1300 W. Mt. Royal Avenue  
Baltimore, MD 21217

**Questions:**

Call: 410.225.2266  
Email: [kfaulstich@mica.edu](mailto:kfaulstich@mica.edu)  
(Please use the subject: *Verification Form, "Last Name"*)