



## Request for ACS Candidate Verification

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

Name of ACS Candidate: \_\_\_\_\_

ACS Candidate Phone: \_\_\_\_\_

ACS Candidate Email: \_\_\_\_\_

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

Is a hard copy needed?     yes     no    *If no, then the letter will be sent via email*

Company/Licensure State(s): \_\_\_\_\_

Mailing Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email for electronic copy: \_\_\_\_\_