



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: _____

Please email completed form to: info@abgc.net