



The Cleveland Institute of Music

11021 East Blvd.
Cleveland, OH 44106
FAX: 216-791-3063

Proof of Enrollment Request

BY ANY MEASURE,
EXCEPTIONAL

NAME _____

DATE OF BIRTH: _____

CURRENT PROGRAM OF STUDY: _____

EXPECTED GRADUATION: MONTH _____ YEAR _____

ADDRESS PROOF SHOULD BE SENT:

NAME _____

Dept. \ Institution \ Company \ Other

Street

PO Box

City

State

Country

Zip code

NUMBER OF PROOFS REQUESTED: _____

SPECIAL REQUESTS TO BE INCLUDED IN LETTER (Current address, country of citizenship, etc.)

SIGNATURE _____

Completed: _____