

**VERIFICATION OF GRADUATION FROM VETERINARY MEDICAL COLLEGE**  
**REGISTERED VETERINARY TECHNICIAN**

INSTRUCTIONS: This form must be completed by the Veterinary College or University in which you have graduated from.

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

It is hereby certified that \_\_\_\_\_  
name of student/applicant

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_,

matriculated in the \_\_\_\_\_  
name of program

at \_\_\_\_\_  
name of institution

from \_\_\_\_\_ through \_\_\_\_\_  
date date

and received a diploma from this institution on \_\_\_\_\_.  
date

Certified by: \_\_\_\_\_  
signature of dean

\_\_\_\_\_  
title

\_\_\_\_\_  
school

Seal of  
School

Return completed form to: Louisiana Board of Veterinary Medicine  
264 Third St., Suite 104  
Baton Rouge, LA 70801

(504) 342-2176