

American Academy of Dramatic Arts Transcript Request Form

By signing this form you are authorizing the American Academy of Dramatic Arts to release your transcript to the organization listed below. The Family Rights and Privacy Act of 1974 requires the student's signature.

Student Signature: _____ **Date:** _____

Name: _____		Other name used (Maiden name): _____	
SS#: _____		Date of Birth: _____	
Current Address: _____			
Street		Apt #	
City	State	Zip Code	Phone (____) ____--____

Payment Method: Cash, Money Order, Credit Card, or Check	
<i>(Make checks payable to: American Academy of Dramatic Arts)</i>	
MC Visa	Credit Card # _____ Exp Date: _____

Type of Service Requested ----All transcripts mailed in the continental U.S. are mailed USPS First Class Mail.	
Normal Service --Transcripts will be processed and mailed within 10 business days.	
_____	Number of transcripts at \$10.00 \$ _____
Rush Service --Please call for rate and delivery time.	

(Additional recipients can be added to the back)

Send to:

Send to:

Will Pick Up: _____

Send form and payment to:

American Academy of Dramatic Arts
1336 N. La Brea Ave.
Hollywood, CA 90028
Attn: Registrar's Office

Phone: (323) 464-2777 ext 109
Fax: (323) 464-1250 (Attn: Registrar's Office)

Dates of Attendance:	
Date Of First Semester:	_____
Date Of Last Semester:	_____
Did you graduate?	Yes ____ No ____
Date of graduation:	_____
Email Address:	_____

Office Use Only:		
Holds:	Yes	No
Address Change:	Yes	No
Name Change:	Yes	No
Date Received:	_____	
Date Sent:	_____	