

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 Amex 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
120 Madison Ave
New York, NY 10016
Attn: Registrar's Office

Phone: (212) 686-9244 ext 311
Fax: (212) 545-7934 (Attn: Registrar's Office)

Please circle which program you attended:		
Full time	Evening	Summer
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:	_____	