



THE AMERICAN ACADEMY OF DRAMATIC ARTS
TRANSCRIPT REQUEST

Name _____ Other name used (Maiden name) _____
Social Security # _____ Date of Birth _____
Email Address _____ Phone Number _____
Current Address _____ City _____
State / Province _____ Zip/Postal Code _____ Country _____

PAYMENT METHOD

Cash Money Order Credit Card Check (make checks payable to The American Academy of Dramatic Arts)

If paying by credit card, choose type:

Visa MasterCard American Express Discover

Credit Card Number _____

Security Code (3-4 digits found on back of card) _____ Expiration _____ / _____
Month / Year

TYPE OF SERVICE REQUESTED

All transcripts mailed in the continental U.S. are mailed USPS First Class Mail.

Transcripts may be delayed or held for students with loans in default status.

Normal Service Transcripts will be processed and mailed within 10 business days.

I need _____ number of transcripts at \$10 each. Total \$ _____

Will Pick Up _____

Send To: _____

Send To: _____

(Additional recipients can be added to the back)

PROGRAM INFORMATION

Please choose which program you attended:

Full-time Evening Summer

Date of First Semester _____

Date of Last Semester _____

Did you Graduate: Yes No

Date of Graduation _____

SEND FORM AND PAYMENT TO

The American Academy of Dramatic Arts
1336 North La Brea Avenue
Los Angeles, CA90028
Attn: Registrar's Office

Phone: (800) 463-8990 ext. 109
Email: LAregistrar@aada.edu
Fax: (323) 464-1250 (Attn: Registrar's Office)

FOR OFFICE USE ONLY

Holds: Yes No

Address Change: Yes No

Name Change: Yes No

Date Received _____

Date Sent _____

Student's Signature _____ **Date** _____

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