TRANSCRIPT REQUEST

| Name | Other name used (Maiden name) Date of Birth Phone Number City | | | | | | | |
|---|--|--------------------|--------------|--------------|--------------|-------------|----------------|---|
| Social Security # | | | | | | | | |
| Email Address | | | | | | | | |
| Current Address | | | | | | | | |
| State / Province | e Country | | | | | | | |
| PAYMENT METHOD Cash Money Order Credit Ca | rd Check (make chec | cks payable to The | e American A | lcademy of D | ramatic Art: | s) | | |
| If paying by credit card, choose type: □ Visa □ MasterCard □ American E> | xpress Discover | | | | | | | |
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| Normal Service Transcripts will be pro I need numb Will Pick Up | ber of transcripts at \$10 | | | | | | | |
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| | | | | (Additional | recipients c | an be addeo | d to the back) | - |
| PROGRAM INFORMATION | SEND FORM AND PAYN | MENT TO | | | | | | |
| Please choose which program you attended: | The American Academy of Dramatic Arts FOR OFFICE USE ONLY | | | | | | | |
| Full-time Evening Summer | 120 Madison Ave | | | Holds: | | 🗆 Yes | 🗆 No | |
| Date of First Semester | New York, NY 10016 Attn: Registrar's Office | | | | 0 | □ Yes | □ No | |
| Date of First Semester | - | aut 211 | | Name C | hange: | 🗆 Yes | 🗆 No | |
| Did you Graduate: Yes No | Phone: (800) 463-8990 Email: NYregistrar@aada | | | Date Re | ceived | | | |
| Date of Graduation | Fax: (212) 545-7934 (Attr | | īce) | Date Se | nt | | | |
| | | | | L | | | | |

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.