



Transcript Request Form

Office of the Registrar

Before completing this form, please be advised of the following:

1. Allow a **MINIMUM OF TWO WEEKS** for your transcript request to be processed and sent out.
2. Transcript requests will not be processed if you have an outstanding financial obligation to the school.
3. There is a \$5.00 processing fee for each official copy of your transcript.
4. Please fill out this form **completely** and **clearly** – if requested information is missing it will delay the processing of your request.
5. ****Your signature is required in order for this office to release educational records.**

PLEASE PRINT CLEARLY

NAME: LAST _____ FIRST _____

MAIDEN (IF APPLICABLE): _____

Last Four Digits of Social Security Number: _____

CURRENT ADDRESS:

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Phone: Home _____ Email: _____

PROGRAM OF STUDY: (Please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Continuing Education |
| <input type="checkbox"/> Master of Fine Art | <input type="checkbox"/> Studio/Advanced Study |
| <input type="checkbox"/> Post-Baccalaureate | <input type="checkbox"/> Academy BFA |

Dates of Attendance: _____ - _____

SEND TRANSCRIPT TO (Please include full name and address of person, school and/or institution):

School/Institution _____ I WILL PICK UP MY TRANSCRIPT

Street Address _____

PAYMENT

- | | | |
|-------------------------------|--------------------------------------|---|
| <input type="checkbox"/> CASH | <input type="checkbox"/> CHECK | <input type="checkbox"/> MONEY ORDER |
| <input type="checkbox"/> VISA | <input type="checkbox"/> MASTER CARD | <input type="checkbox"/> AMERICAN EXPRESS |

CARD NUMBER _____ EXPIRATION DATE: _____ / _____

NUMBER OF COPIES _____ X \$5.00 EACH = \$ _____ .00 **AMOUNT DUE**

Student Signature: _____ Date: _____

SEND TRANSCRIPT TO (Please include full name and address of person, school and/or institution)

School/Institution		
Address		
City	State	Zip

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Please mail completed form with an appropriate method of payment to:

School Registrar's Office
 Pennsylvania Academy of the Fine Arts
 128 North Broad Street
 Philadelphia, PA 19102

Or fax the form with credit card payment information to 215-569-0153