

# Transcript Request Form

Office of the Registrar

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

1. Our normal processing time is 5 – 7 business days. Processing time does not reflect delivery time. Orders placed during peak time such as add/drop, registration and commencement may take longer to process.
2. Transcript requests will not be processed if you have an outstanding financial obligation to PAFA.
3. There is a \$5.00 processing fee for each official copy of your transcript. Unofficial or electronic copies are free.
4. Please fill out this form **completely** and **clearly** – incomplete information could 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 \_\_\_\_\_

OTHER NAMES (IF APPLICABLE) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**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"/> Master of Fine Arts  |
| <input type="checkbox"/> Academy BFA        | <input type="checkbox"/> Continuing Education |
| <input type="checkbox"/> Post-Baccalaureate | <input type="checkbox"/> Pre-College Programs |

**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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|                    |       |     |
| City               | State | Zip |

**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 email the form with credit card payment to registrar@pafa.edu**