

AMERICAN CONSERVATORY THEATER TRANSCRIPT REQUEST FORM

Please Note: We are not ACT (American College Testing).

(Rev. 12/12/14)

Please fill out this form completely. Allow two weeks from the time of our receipt of request to time of arrival of transcript(s). Fee: First Copy - \$5.00; each additional copy requested with this form -\$4.00. For 3-day rush orders add \$4.00 (rush service available only for courses completed within the last four years; no rush service December 15 - January 1, nor May 5 - June 5). No transcript request will be processed without the accompanying fee. Check or money order only. The release of A.C.T. transcripts is contingent upon the fulfillment of all tuition/fee and library obligations.

Name used while attending A.C.T.

Date of request

Social Security Number (middle 2 and last 4 digits only)

DOB _____

Transcript requested for:

___ Studio A.C.T.

Session attended: _____

___ Academy Certificate Program

Sesssion attended: _____

___ Summer Training Congress

Session attended: _____

___ San Francisco Semester

Session attended: _____

___ Advanced Training/MFA Program

Year(s) attended: _____

Please check one: Personal Use

Official Use in a Sealed Envelope

SEND TRANSCRIPT(S) TO:

Name

Total Number of copies _____

Office/Department

(Use the back of this form to request additional transcripts.)

Street Address

FEES:

City, State, Zip Code

First copy \$5.00
add'l copies @ \$4.00 ea _____

My current name and address are:

RUSH (see above): \$4.00

Total _____

Phone and email _____

Signature _____

Return to REGISTRAR:

American Conservatory Theater
30 Grant Avenue
San Francisco CA 94108-5834