



PENNSYLVANIA ACADEMY OF THE FINE ARTS

Office of the Registrar

Transcript Request Form

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 _____

ANY OTHER NAMES (IF APPLICABLE) _____

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"/> Studio/Advanced Study |

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

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