

AMERICAN CONSERVATORY THEATER TRANSCRIPT REQUEST FORM

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

(Rev. 11/23/20)

Please fill out this form completely. Allow no less than three 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. There is no rush service at this time. 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

Session 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
415 Geary Street
San Francisco CA 94102