



NEW YORK CITY CAMPUS
The American Musical and Dramatic Academy
LOS ANGELES CAMPUS
AMDA College and Conservatory of the Performing Arts

REQUEST FOR DIPLOMA/CERTIFICATE REPLACEMENT

Name on AMDA Record:

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

Other Name, If any:

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

Social Security Number: _____ Student ID#: _____ Campus: Los Angeles New York
###-##-####

Date of Birth: _____ Email _____
DATE

Degree/Certificate Earned:

Conservatory: Integrated Studio Dance Theatre

BFA: Music Theatre Acting Performing Arts Dance Theatre

Year/Term Earned: Fall Spring Summer 19 _____ 20 _____

Send Diploma/Certificate to the following Address:

FULL NAME _____

STREET ADDRESS 1 _____ STREET ADDRESS 2 (APARTMENT #, SUITE, ETC.) _____

CITY _____ STATE _____ ZIP/POSTAL CODE _____ COUNTRY _____ PHONE:(###) ###-####

DIPLOMA/CERTIFICATE REPLACEMENT FEE: \$25.00

Payment Information: *Select One*

Name as listed on **Credit Card**: _____

Credit Card #: _____ Expiration Date: _____ Security Code: _____

Check/Money Order Included: _____

OFFICE USE ONLY

Bursar's Office:

Holds on record: Note: _____

Total Amount Paid: \$ _____ Check Applicable: Check/Money Order # _____ Credit Card

Processed By: _____ Date: _____

Registrar's Office:

Program: Conservatory Bachelor of Arts

Term/Date of Graduation: Fall Spring Summer 19 _____ 20 _____

Date Request Received: _____ Date Order Placed: _____

Completed by: Printed Name _____ Date: _____

Signature _____