



Transcript Request Form

Applicant: Please fill out the information below and give this reminder to your counselor to ensure your transcript is promptly submitted.

To: Guidance Counselor or Registrar Office

Date: _____

I have submitted an application for admission to AMDA. Please send the following items directly to AMDA's Records Department:

1. Official transcript
2. Senior year class/course schedule (if currently enrolled in high school)*

* If currently enrolled in high school, please send a final official transcript to AMDA Records Department after I graduate.

Send to:

AMDA RECORDS DEPARTMENT
 211 West 61st Street
 New York, NY 10023
 U.S.A.
 Fax +1 (646) 609-8811
 Email: docs@amda.edu

Student Name: _____
FIRST NAME MIDDLE LAST NAME

Mailing Address:

STREET ADDRESS 1

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

CITY STATE ZIP/POSTAL CODE COUNTRY

Date of Birth: _____ **Social Security Number if applicable:** _____
DATE ###.##.####