



SUBMIT FORM TO:

AMDA Los Angeles – Education Dept/Registrar
6305 Yucca Street Los Angeles, CA 90028
Tel: (323) 603-5900 Fax: (323) 469-3350
laregistrar@amda.edu

OR

AMDA New York - Education Dept/Registrar
211 West 61st Street New York, NY 10023
Tel: (212) 787-5300 Fax: (212) 247-2790
nyregistrar@amda.edu

REQUESTING AMDA TRANSCRIPTS:

- Transcript Requests must be submitted in writing with your signature and payment. **NO PHONE ORDERS** will be accepted.
- Emailed / mail/ fax Request Form to the appropriate campus listed above.
- Please allow seven (7) business days to process your request.
- Make sure you have cleared all holds including academic hold or financial hold with the appropriate offices. The Education Dept /Registrar's Office will not release any type of transcript or academic record if there is a hold on your records.
- The sealed Official Transcript will be mailed directly from AMDA to the party or parties specified on the request form. Official transcripts cannot be faxed.

Transcript Fees:

- Official Transcripts: \$5.00 fee per transcript.
- Unofficial Transcripts: \$2.00 fee per transcript
- Rush Orders: **Add an additional \$15.00 per transcript.** *Please allow 48 hours for processing all rush orders.*

Payment Information: if holds exist on account, a transcript cannot be released.

Total Amount Paid: \$ _____ **Type of payment:** Cash Credit Card Check # _____
Credit Card #: _____ **Exp Date:** _____ **CVV:** _____
Billing Address: _____

PLEASE COMPLETE THE FOLLOWING:

STUDENT'S NAME ON AMDA RECORD: _____
Last First Middle

CURRENT ADDRESS: _____
Street City State Zip Country

EMAIL ADDRESS: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ **Your current status:** Graduate Currently Enrolled Not Enrolled

CHECK ONE: *Please mail my transcript* Immediately As soon as final grades are posted for the semester After Graduation

SIGNATURE:

I authorize AMDA to release my transcript to the party or parties named below with the understanding that the named recipient(s) will not release the record to a third party without my written consent.

_____ Date _____
Applicant's Signature

SEND TRANSCRIPT(S) TO:

Please send (check one): Official Unofficial
Service Level (check one): Regular Rush
List the name and address of the person or organization where you would like the transcript/record to be sent:
Attention: _____
Organization: _____
Address: _____

of Copies: Official: _____ **Unofficial:** _____

Please send (check one): Official Unofficial
Service Level (check one): Regular Rush
List the name and address of the person or organization where you would like the transcript/record to be sent:
Attention: _____
Organization: _____
Address: _____

of Copies: Official: _____ **Unofficial:** _____