



The Juilliard School
Pre-College Division
Transcript Request Form

OFFICE USE ONLY
Date Received _____
Date Mailed _____
Amount Paid _____
No. of Copies _____

Name: _____
(Legal name under which you were registered as a student in Pre-College)

Current Address: _____

Major: _____ Home Phone: _____

Please check the appropriate box below:
 I am a currently enrolled
 I am a former student. The last I attended was _____
(year)

I authorize the Juilliard Pre-College office to process my transcript request as designated below.

Signature _____ Date _____

Number of copies needed at this time: _____ Please note: \$2.00 fee per Transcript
Check the following:

- Send Now I will pick up on _____
(date)
- Hold for: Current Semester grades Student Copy (personal copy)
- Notation of Diploma Sealed Certified Copy (To be sent to Institutions/Officials)

Please forward transcript(s) to addresses below: (Include the *complete* address)

To: _____ To: _____

To: _____ To: _____

If you need more room, please attach a list of schools and the addresses or use the back of this form