Transcript/Enrollment Request

Registrar • School of Visual Arts
209 East 23rd Street, New York, NY 10010-3994
212.592.2200
registrar@sva.edu

Student Last Name PLEASE PRINT | First Name | MI

Name While Enrolled (IF DIFFERENT FROM ABOVE)

Last Name | First Name | MI

SVA ID# (or last 4 digits of SSN) | Date of Birth (MM/DD/YY)

Current Street Address | Apt/Unit

City | State | Zip Code

Daytime Phone | Email

SELECT STATUS

☐ Presently attending SVA ☐ Former SVA Student

Dates Attended | Graduation Year (IF APPLICABLE)

DOCUMENT TYPE NEEDED

(PLEASE INDICATE NUMBER OF COPIES BELOW)

☐ Official Transcript sent to institution # ☐ Official Transcript sealed to student #

☐ Unofficial Transcript (Student Copy) # ☐ Enrollment Verification Letter #

PLEASE PROCESS

(CHECK ONE)

☐ Now ☐ Hold for end of current semester grades

☐ Hold for pick up Name of person:

(IF SOMEONE OTHER THAN THE STUDENT WILL BE PICKING UP)

SEND DOCUMENT (S) TO THE FOLLOWING ADDRESS:

(PLEASE PRINT CLEARLY; THIS ADDRESS WILL APPEAR IN A WINDOW ENVELOPE. IF APPLICABLE, INDICATE INSTITUTION NAME, ATT. NAME, ETC)

Attention to

Street Address | Apt/Unit

City | State | Zip Code

STUDENT Signature | Date