

- A note from the Office of the Registrar •
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Dear Juilliard students and alumni,

Attached you will find the Office of the Registrar's Transcript Request form and the accompanying Transcript Recipient form. Please remember that these are *not* online forms which can be submitted via the Internet or e-mail. They must be mailed or dropped off in person, with your payment, to the Office of the Registrar.

Follow these three easy steps to request your Juilliard transcript:

- ➔ **STEP 1: Complete your Transcript Request form in one of the following ways:**
- Type your information into the blank fields and print the filled-in form.
 - Print the blank form and fill it out by hand.

Important note: In addition to the Transcript Request form, *all* students requesting *official transcripts* must fill out the accompanying Transcript Recipient form, **regardless of whether Juilliard or the student will send the transcript to the institution, school, employer, etc.**

Students requesting *unofficial transcripts only* may disregard the Transcript Recipient form attached to the end of this document.

- ➔ **STEP 2: Sign your Transcript Request form.**

- ➔ **STEP 3: Submit your completed form(s) with payment to the Office of the Registrar:**

- By mail:
Office of the Registrar
The Juilliard School
60 Lincoln Center Plaza
New York, NY 10023-6588
- In person, to Room 224.

For more information, or to download a PDF version of the Office of the Registrar's guidelines for requesting transcripts, please click on the link at the top of the Transcripts Web page.

The Office of the Registrar welcomes your questions regarding transcript processing. Please send an e-mail to registrar@juilliard.edu. We will respond as quickly as we are able.

TRANSCRIPT Request Form

The fee for transcripts is \$5 per copy. Payment may be made in cash at the Business Office, Room 599-A, or submitted by check or money order (payable to The Juilliard School.) Please do not send cash in the mail. At this time, Juilliard is unable to accept payment by credit or debit card.

Processing of transcript requests **requires 3 to 5 business days.** **Transcripts cannot be released if there is a hold on your account.** To check your account for holds in advance of submitting a transcript request, call the Office of the Registrar at (212) 799-5000, ext. 220, or send an e-mail to registrar@juilliard.edu.

Please submit transcript requests with payment to the Office of the Registrar (Room 224) in person, or mail to: Office of the Registrar, The Juilliard School, 60 Lincoln Center Plaza, New York, NY 10023. Requests can also be faxed to (212) 769-6438; faxed requests will be held until payment is received.

PLEASE NOTE: Students who attended *only* the Evening Division or the Pre-College Division (previously the Extension and Preparatory Divisions), should not use this transcript request form. Please contact your respective division offices.

STUDENT INFORMATION

NAME under which you attended Juilliard: _____
Last First Middle

DATES OF ATTENDANCE: _____ to _____ STUDENT ID NUMBER (if known): _____
mm/yyyy mm/yyyy

CURRENT ADDRESS: _____
Street Address

City State Zip Code Country

This is a new address not on file at Juilliard; please update.

E-MAIL: _____ PHONE #: _____

TRANSCRIPT INFORMATION

➔ **TRANSCRIPT PROCESSING OPTIONS:** (Check and fill-in all that applies.)

I would like _____ official transcript(s) *sent directly from Juilliard* to an institution, school, etc.
of copies ***YOU MUST ALSO FILL-OUT A TRANSCRIPT RECIPIENT FORM.**

I would like _____ official transcript(s) *in sealed envelopes*, which I will deliver to an institution, etc.
of copies ***YOU MUST ALSO FILL-OUT A TRANSCRIPT RECIPIENT FORM.**

(Check one:) Mail my official transcripts to my current address above.
 I will pick-up my official transcripts at the Office of the Registrar on _____
Date

I would like _____ *unofficial* transcript(s) for my own personal records.
of copies

(Check one:) Mail my unofficial transcripts to my current address above.
 I will pick-up my unofficial transcripts at the Office of the Registrar on _____
Date

➔ **TOTAL # of copies requested:** _____ ➔ **TOTAL amount due (\$5/copy):** \$ _____

➔ **FOR CURRENTLY ENROLLED STUDENTS:** (Check Box 1 or 2.)

- 1.) Release my transcript as is.
- 2.) Do not release my transcript until the following has been added:
Current semester grades Notation of degree Change of grade (incomplete or other)

BY SIGNING BELOW, I authorize the Office of the Registrar to release my transcript.

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY: Receipt/Check #: _____ Amount Paid: \$ _____ Holds: _____

TRANSCRIPT RECIPIENT Form

Please provide the names of the institutions, schools, employers, etc. for which you need a transcript.
Submit this form with your Transcript Request.

*Students requesting only unofficial transcripts do not need to fill-out this form.

STUDENT NAME: _____
Last First Middle

➔ FOR TRANSCRIPTS *JUILLIARD WILL SEND TO AN INSTITUTION, ETC.:*

1.) Name of Institution: _____ # of Copies: _____
Mailing Address: _____

2.) Name of Institution: _____ # of Copies: _____
Mailing Address: _____

3.) Name of Institution: _____ # of Copies: _____
Mailing Address: _____

Please provide additional addresses that do not fit here on the back of this form.

➔ FOR TRANSCRIPTS WHICH *THE STUDENT WILL DELIVER TO AN INSTITUTION, ETC.:*

1.) Name of Institution: _____ # of Copies: _____
Office, Dept., etc.: _____

2.) Name of Institution: _____ # of Copies: _____
Office, Dept., etc.: _____

3.) Name of Institution: _____ # of Copies: _____
Office, Dept., etc.: _____

Please provide additional institution names that do not fit here on the back of this form.