

Transcript/Enrollment Request



Registrar • School of Visual Arts
209 East 23rd Street, New York, NY 10010-3994
p212.592.2200 • f 212.592.2069
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