



TRANSCRIPT REQUEST

Transcripts will be processed in 3 – 5 business days; there is no charge.

Mail/Fax/Email transcript request form to:
Amanda Sainburg, Assistant Registrar
American Film Institute
2021 North Western Avenue
Los Angeles, CA 90027
Fax: 323.856.7720
Email: asainburg@AFI.com

PLEASE PRINT LEGIBLY:

Last First Middle Initial

Any previous names used while attending AFI (if different)
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Email Phone Number

Date of Birth Discipline

First Year Fellow _____ Second Year Fellow _____ Second Year Continuing _____

Graduated MFA/Certificate of Completion _____ Graduated First Year Certificate _____

If graduated, please list dates of attendance: _____

Please write in the number of transcripts requested next to each applicable area

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