



San Francisco Conservatory of Music – Billing Address Form for New Students
2011-2012 Academic Year

If you are accepting our offer of admission, please complete this form and include it with your enrollment card in the envelope provided.

Name: _____ Social Security Number: _____-_____-_____

PLEASE CHECK THE BOX THAT APPLIES:

1. I plan to find housing in the Bay Area. I plan to live with family and commute to school.
2. I will be enrolling for: Undergraduate / Graduate / Other studies
3. Gender: Male/ Female
4. Birth date: ____/____/_____

Please send all bills and billing information to (U.S. addresses only, please):

Name: _____

Address: _____

City/State/Zip: _____ Phone # _____

E-Mail: _____

Relationship to Student (circle one): Self Parent Sponsor Other _____

***If you wish to have additional parties receive billing information, please indicate below (U.S. addresses only, please):**

Name: _____

Address: _____

City/State/Zip: _____

Relationship to Student (circle one): Self Parent Sponsor Other _____

I authorize the San Francisco Conservatory of Music to release my billing information to the parties indicated above. I understand that I may cancel this authorization at any time upon written notification to the Student Accounts Manager in the Business Office of the Conservatory.

Print Student Name

Student Signature

Date ____/____/____