



**San Francisco Conservatory of Music – Billing Address Form for New Students**  
**2009-2010 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** \_\_\_\_/\_\_\_\_/\_\_\_\_