



SFCM New Student Billing Address Form 2017-2018 Academic Year

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

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

PLEASE CHECK THE BOX THAT APPLIES:

1. I plan to: Find housing in the Bay Area / Live with family and commute to SFCM

2. I will be enrolling for: Undergraduate / Graduate / Other studies

3. Gender: Male / Female / Other / Decline to answer

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: _____ / _____ / _____