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TRANSCRIPT AND DIPLOMA REQUEST FORM

(COMPLETE AND FAX TO 352-381-8808)

I AUTHORIZE FSM TO RELEASE MY SCHOOL RECORDS TO THE PARTIES INDICATED BELOW FOR THE PURPOSES STATED. I UNDERSTAND THAT YOU CANNOT PROCESS THIS REQUEST WITHOUT MY SIGNATURE, THIS COMPLETED FORM AND THE APPROPRIATE FEES PAID.

SIGNATURE: _____
 (PLEASE INCLUDE YOUR NAME AS IT WAS WHEN YOU ATTENDED SCHOOL)

PRINTED NAME: _____ PROGRAM DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

FOR WHAT PURPOSE ARE YOU MAKING THIS REQUEST? PERSONAL JOB EDUCATION REPLACEMENT OF ORIGINAL
 STATE LICENSURE NATIONAL CERTIFICATION EXAM OTHER: _____

IMPORTANT: MANY INSTITUTIONS REQUIRE ALL TRANSCRIPTS TO BE SENT DIRECTLY FROM THE SCHOOL.
 PLEASE INCLUDE ANY SPECIFIC INSTRUCTIONS REGARDING HOW YOUR TRANSCRIPTS MUST BE SENT.

TRANSCRIPT PROVIDED IS ORIGINAL TRANSCRIPT FROM STUDENT'S FILE. FOR ADDITIONAL RESEARCH, JUSTIFICATION LETTERS, AMENDED TRANSCRIPTS, OR FURTHER ACTION ADMINISTRATIVE STAFF A MINIMUM \$25 FEE WILL BE REQUIRED. MINIMUM FEE FOR NEW YORK STATE LICENSURE IS \$75 PLEASE CALL THE SCHOOL FOR A CONSULTATION

DOCUMENT	QUANTITY NEEDED	TOTAL
OFFICIAL TRANSCRIPT (SENT DIRECT TO NCBTMB OR OTHER INSTITUTION)	_____ x \$15 =	_____
TRANSCRIPT (RELEASED TO STUDENT)	_____ x \$15 =	_____
DIPLOMA (WALL CERTIFICATE)	_____ x \$15 =	_____
NOTARIZED DIPLOMA (NEEDED FOR NATIONAL EXAM APPLICATION)	_____ x \$15 =	_____
OTHER (CALL THE SCHOOL FOR CONSULTATION & PRICE)	_____ x \$ =	_____
TOTAL:		_____

WHERE DO YOU WANT THE DOCUMENT(S) SENT? (USE BACK OF PAGE IF MORE THAN ONE.)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

CREDIT CARD INFORMATION (IF NOT PAYING BY CASH OR CHECK MADE PAYABLE TO "FSM")

TOTAL AMOUNT: _____ TYPE OF CREDIT CARD: MASTER CARD VISA DISCOVER 3-DIGIT SECURITY CODE _____

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

NAME ON CREDIT CARD: _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE): _____

*****FOR OFFICE USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE.*****

DATE: _____

DATE TRANSCRIPT/DIPLOMA(S) MAILED: _____ PAYMENT RECEIPT #: _____

ADMINISTRATOR WHO HANDLED THIS REQUEST: _____

PLEASE FILE THIS IN STUDENT'S FOLDER WHEN ACTION IS COMPLETED.