



ACADEMY of NATURAL THERAPY
PROFESSIONAL MASSAGE THERAPY EDUCATION

625 8TH AVENUE DOWNTOWN GREELEY
970-352-1181
WWW.NATURAL-THERAPY.COM

TRANSCRIPT REQUEST FORM

- Please **COMPETE THE ENTIRE FORM** – be sure to sign at the bottom so your request can be processed.
- Processing will take a maximum of three (3) business days after receipt of the request.
- A transcript will not be issued for any student with a financial obligation to the Academy.

Student ID# or SSN# _____

Name _____

Current Address: _____

Phone: _____ **Email Address:** _____

1. Please Complete The Following Information:

- a. **Date of Birth:** _____
- b. **Approximate Date of Attendance:** From Month/Year _____ To Month/Year _____
- c. **Former Name(s):** _____

2. Check All That Apply:

- Send After Degree is Posted
- Hold For Pick Up By **STUDENT – (MUST SHOW YOUR PHOTO ID)**
- Hold For Pick Up By **ANOTHER PERSON – (MUST SHOW THEIR ID)**
Name of Person Picking it up: _____
- Send Now To Above Address
- Send To Other Address

3. Type of Transcript Needed:

STUDY LEVEL	OFFICIAL # COPIES _____	UNOFFICIAL # COPIES _____
___ All Levels	___ Standard \$25 per copy	___ Faxed \$10 per copy
___ Specific Level(s)	___ Additional \$10 per copy	Fax # _____
___ 1000-hour or ___ Associates or 750-hour		

4. Mailing Information:

Name: _____
Address: _____
Address Line 2: _____
City, State, Zip: _____
International: _____

COUNTRY

POSTAL CODE

Signature _____ **Date** _____

OFFICE USE ONLY		
Date Sent: _____	# of Copies: _____	Initials: _____
Date Faxed: _____		