



TRANSCRIPT & DIPLOMA REQUEST

Your Request - check all that apply:

- Official Transcript, \$10 fee
- Diploma, \$10 fee
- Notarized Diploma, \$10 fee
- Original Diploma, \$25 (on parchment paper)
- Massachusetts Massage Therapy Board Transcript Review, \$30
(includes Official Transcript, Course Curriculum & syllabi, Transcript Review sections A-D)
- Other (please explain), \$10 fee: _____

Your first and last name _____

Previous name (if different) _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____ Email _____

Year/Program attended _____ Date of Birth _____

Consent: I hereby authorize the Finger Lakes School of Massage to provide the requested information to the following party:

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____ Email _____

Your Signature Authorization _____ Date _____

Payment Options

Cash Check payable to FLSM Credit Card (MC & Visa)

Print name on credit card _____

Credit Card Billing Address: _____

Type of card (MC or Visa) _____ CC# _____ Exp. _____

Signature of Cardholder _____

Please include payment with this form and mail it to the campus you attended. *Ithaca campus:* FLSM, 1252 Trumansburg Road, Ithaca, NY 14850, attn: **Transcript Requests.** *Mt. Kisco campus:* FLSM, 272 North Bedford Road, Mt. Kisco, NY 10549, attn: **Transcript Requests.**