REQUEST FOR HIGH SCHOOL TRANSCRIPT

INSTRUCTIONS TO APPLICANT: Complete the information below and take or mail it to your high school of graduation. Some schools may charge a fee. You may wish to check with your school prior to sending this form to them.

Name:_____
Last First Middle Suffix (Jr. II)

Maiden Name:_____

Address:_____
Street Address

_____
City State Zip

Social Security Number:_____-_____-_____

High School:_____

Location:_____
City State

❑ Graduated ❑ Will Graduate ❑ Withdrew Date:_____

I authorize my high school of graduation to release my transcript to the **Institute of Therapeutic Massage.**

_____ _____
Signature of Applicant Date

INSTRUCTIONS TO HIGH SCHOOL: Upon receipt of this form, please forward a copy of an official transcript for the above named student to:

The Institute of Therapeutic Massage, Inc.
9508 SR 65
PO Box 350
Ottawa, OH 45875-0350

The transcript must include the following:

1. Total number of credit hours earned
2. Date of Graduation
3. Date of birth
4. Either the school seal or an original signature of a school official *(name stamps are not acceptable)*

If all of the information is not included the applicant will be requested to supply a new transcript. This will delay processing the applicant's request for a preliminary education number, which is required for enrollment in a Limited Branch School.