

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 Code

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 Blanchard Valley Academy of Massage Therapy.

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:

Blanchard Valley Academy of Massage Therapy
1710 Crystal Avenue
Findlay, Ohio 45840

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 applicants request for a preliminary education number which is required prior to enrollment in a Limited Branch School.