



## TRANSCRIPT & DIPLOMA REQUEST

Your Request – Check all that apply:

- Official Transcript - Certified Mail, \$25 Fee
- Diploma, Certified Mail \$25 Fee
- Notarized Diploma, Certified Mail \$35 Fee
- Original Diploma, Certified Mail \$35 Fee
- Other (please explain):

-----  
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 Fingerlakes 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 (Discover, MC, Visa, Amex)

Print Name on Credit Card:

Credit Card Billing Address:

Type of Card:  Discover  MC  Visa  Amex

CC#:

Expiration: \_\_\_\_\_ CVC (3 Digit Code): \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Please include payment with this form and mail it to the campus. Mt. Kisco Campus 272 North Bedford Rd., Mount Kisco, NY 10549, Ithaca

Campus 215 E State St. Suite 203, Ithaca, NY 14850, Attn: Transcript Requests.