

Transcript/Certificate Request Form

Name at time of attendance _____ Phone number _____

If you have changed your name and you wish your documents to reflect this change, please provide proof (i.e. copy of drivers' license) with your request.

Date of request _____ Tech Graduation Year/Years of attendance _____
Fees apply to the year attendance at IPSB began.

- | | |
|---|-------------------|
| <input type="checkbox"/> Transcript | # of copies _____ |
| <input type="checkbox"/> Massage Technician Certificate | # of copies _____ |
| <input type="checkbox"/> Massage Therapist Certificate | # of copies _____ |

Would you like your requested documents mailed? ____ Yes ____ No, I will pick up
 If yes, please provide address(es)-

Method of payment:
 Cash Check VISA/MC # _____ Exp _____

I authorize release of my documents and agree to all applicable charges. _____
SIGNATURE

Comments and/or special instructions _____

*******FOR OFFICE USE ONLY*******

Date Received _____ Amount Paid _____ Completed Date _____ Completed By _____

Document Fees Effective January 2011

<u>Technician Training Year</u>	<u>Transcript</u>	<u>Certificate</u>	<u>Archive Fee</u>
2006-Present	\$ 5.00 ea	\$ 10.00 ea	\$0
1995-2005	\$ 5.00 ea	\$10.00 ea	\$10.00
1994-1980	\$10.00* ea	\$15.00 ea	\$20.00

The transcript or certificate fee applies to each copy requested. The archive fee is charged each time your file is retrieved from Archives. Please check with IPSB Office for the current document turnaround time.

*Fee may be adjusted. First time requests may require level of research, resulting in increased fees. Students who have requested transcripts previously where major research is already on record may be charged current transcript fee plus archive fee.

