
NEW YORK INSTITUTE OF MASSAGE

REQUEST FOR TRANSCRIPT

Entire form must be completed in order to process request

NAME _____ DATE _____

If attended under another name, print name _____

ADDRESS _____

PHONE _____ SOCIAL SECURITY # _____

CHECK PRESENT STATUS:

Currently Enrolled Former Student _____
Dates of Attendance _____

CHECK TYPE OF TRANSCRIPT REQUESTED:

Official Copy (School sealed and mailed directly to institution requested)

Unofficial Copy (mailed to or picked up by student)

FORWARD TRANSCRIPT TO: (Use complete address and name of person/dept):

1. _____

2. _____

Note: A fee of \$5.00 is charged for ALL transcripts. Transcripts will be sent out in 5-10 days, however, more time may be needed during peak periods or if transcripts are being held for specific reasons. No transcript will be released for anyone whose financial obligations to the institute have not been met.

STUDENT'S _____

SIGNATURE _____

Mail transcript request form to: NYIM, PO Box 645, Buffalo, NY 14231 Attn: Bursar

FOR OFFICE USE ONLY

Transcript(s) Fee \$ _____ Received by _____ (Accounting)
Date transcript(s) sent _____ by _____ (Education Dept)