



Kneaded Energy School of Massage Transcript Request

In order to avoid delays in processing your request, please fill out the necessary information in its entirety.

NAME: Last First Middle

ADDRESS: Street City State Zip

PHONE: Date of Birth

Class Maiden or Previous Name(s)

Last Date of Enrollment Delivery Method:
_____ Mail - Regular Processing (\$8.00 per copy)
_____ Mail - Same Day Processing (\$10.00 per copy)
_____ Fax - (\$12.00 per copy - original mailed)
 Graduation Fax Number: _____
Attn: _____

****Complete the full mailing address and print legibly****

Send _____ no. of copies to:	Send _____ no. of copies to:
Name of Institution or person to receive transcript	Name of Institution or person to receive transcript
Address	Address
City State Zip	City State Zip

Transcript Regulations: Requests will be honored as quickly as possible. However, during peak times (graduation, registration, holidays and final exams) there will be some delay. Transcripts should be requested well in advance of these periods. Request must be made in writing and authorized by the student. Requests by persons other than the student will not be honored unless authorized by the student. Transcripts are not issued until all accounts with the school are paid in full. Partial transcripts are not issued. Transcripts given to the student will be stamped "ISSUES TO STUDENT." Some institutions will not accept such transcripts. Any transcripts mailed to institutions are sealed and stamped with "OFFICIAL TRANSCRIPT" on the outside. Transcripts from high schools or colleges cannot be duplicated. You must apply directly to issuing institution for transcripts.

Payment Method (circle one): CHECK CASH CREDIT CARD

CREDIT CARD TYPE (circle one): VISA MASTERCARD

Card Number: _____

Expiration Date: ____ / ____

Card Signature: _____

Office Use Only
FEE: _____ DUE _____ PAID
Sent: _____