Oregon School *of* Massage

Engaging the whole person..body, mind and spirit.

Document Request Form

NAME: (Print legibly): _____ _____
Last Name *First Name*

(Name while attending OSM, if different) _____ _____
Last Name *First Name*

Dates of Matriculation: _____ / _____ to _____ / _____
Month Year *Month Year*

Social Security Number: _____ - _____ - _____

Your Current Mailing Address:

_____
Street / PO Box

_____ ____ _____
City *State* *Zip Code*

Telephone: (_____) - _____

_____
Email Address

_____
Requestor's Signature

Alternate Mailing Address:
(Provide only if transcripts mailed to another location.)

_____
Name of Agency

_____
Street / PO Box

_____ ____ _____
City *State* *Zip Code*

Telephone: (_____) - _____ - _____

Fax to: (_____) - _____ - _____
(Unofficial Transcripts Only)

Type of Document *(Please indicate)*

OFFICIAL TRANSCRIPT
_____ Quantity
_____ Amount Paid($5.00 each)

UNOFFICIAL TRANSCRIPT
_____ Quantity
(No charge)

DETAILED EDUCATION VERIFICATION
(for states other than OR & WA)
_____ Amount Paid($45.00)

CE COMPLETION CERTIFICATE
_____ Class Title _____ Quantity
_____ Amount Paid($5.00 each)

Submit to:
Oregon School of Massage
Office of Registrar
9500 SW Barbur Blvd. Suite 100
Portland, OR 97219-5425
Fax: (503) 244-1815

Questions: Call (503) 244-3420

Payment Information

[ ] Check **[ ]** Visa/MC Total $_____

Card# _____ _____ _____ _____ 3-Dig ____
(on back of card)

Exp. Date ___ / ___ Zip Code _____

There is a minimum 24-hour turn-around time for transcript requests.
Unless otherwise requested, prepared transcripts will be mailed.