

OHIO COLLEGE OF MASSOTHERAPY

225 Heritage Woods Drive, Akron, Ohio 44321 • Phone: 330-665-1084 Fax: 330-665-5021

REQUEST FOR DIPLOMA

Directions: Complete this form and mail or fax it to the address and number listed above.

Diplomas are signed and sealed by OCM. The fee for each diploma is \$20.00 each. Diplomas requests can take up to 4 weeks to process and will be set by mail. Diplomas are not FAXED OR EMAILED for confidentiality purposes. Students can request that their diplomas be sent by next day or 2nd day air; however the price varies and must be paid in advance in addition to a \$5.00 expedited handling cost. Please contact the school or list on your request form if you wish expedited shipping so that these fees can be calculated. Please note without payment or without sufficient information we will not send out your diploma. Students who currently owe a balance to OCM are ineligible to receive a copy of their diploma. If there are additional requirements for any transcript requested not listed below please note that on a separate sheet and fax, email or mail it with this form.

NOTE TO APPLICANT: Complete & submit the information below to obtain a copy of your diploma.

Name: _____
Last First Middle Suffix (Dr., II)

Date of Birth ___/___/___ Maiden Name (Name while in school) _____

Social Security #: _____ Grad/Drop : _____/_____

Address: _____

City State Zip

If you would like your diploma sent to an alternative location than the address listed above please indicate below where you would like OCM to send your diploma.

Name: _____

Address: _____

City State Zip

Incomplete information will delay or may suspend processing of your diploma.

FEES:

\$20.00 per Diploma request.

\$5.00 Expedited Handling Fee (for next day or 2nd day air only)

___ Number of diplomas requested Payment Method: ___ Cash ___ Check ___ MO ___ VISA ___ MasterCard ___ Discover

CC Number: _____ Exp Date: _____ Total Amt Paid: _____

___ Yes, I want Expedited Handling (additional \$5.00 fee plus shipping fee)

Signature of Applicant

Date

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ DATE SENT: _____

NOTES: