

OHIO COLLEGE OF MASSOTHERAPY

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

REQUEST FOR COLLEGE TRANSCRIPT

Directions: Please fill out the form below and mail or fax it to the address and number listed above, Make sure to include your payment.

Official transcripts are stamped, signed and sealed by OCM. They list your academic record including, hours, grades & GPA. The fee for official transcripts are \$15.00 each. Transcript requests can take up to 48 hours to process and will be set by mail. Official transcripts are not FAXED OR EMAILED for confidentiality purposes. Students can request that their transcripts 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 transcript. If a student current owes a balance transcript requests will not be processed till the balance has been paid. 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 OCM transcripts.

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

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

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

Address: _____

City State Zip

Please indicate below where you would like OCM to send your transcript:

Name: _____

Address: _____

City State Zip

Incomplete information will delay or may suspend processing of transcripts.

FEES:

\$15.00 per transcript request

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

___ Number of official transcripts requested ___ Number of unofficial transcripts requested

___ 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: