



Fox Valley School of Massage

* Professional Massage Training * Student Massage Clinic

526 West Wisconsin Avenue * Appleton, WI 54911

P.O. Box 615 * Neenah, WI 54957-0615

Phone 920.993.8660 * Fax 920.882.9412

www.FVSM.org

Revised: 6/1/11

Transcript Request or Certificate Request Form

This form must be completed by the FVSM Alumni or Current Student.

This form is not accepted if completed by another institution to protect privacy and confidentiality.

To request transcripts please follow the steps below:

1. The person requesting either transcripts or a new certificate must call FVSM before sending this form to inform FVSM of submission so that we can begin the process.
2. The form must be completed in its entirety; if anything is left blank the request will not be completed
3. The form must be mailed to: **FVSM P.O. Box 615 Neenah WI 54957-0615 with payment.**
Transcript fee \$15.00 Certificate Fee \$30.00
4. Be sure to keep a copy of the completed form for your records.
5. Upon FVSM receiving this form, you will be contacted and the request will be completed.

Complete the following

I am requesting (on the line please indicate how many): Transcripts _____ Certificate: _____

Name: _____

Name while attending FVSM: _____

Year Graduated: _____ Social Security Number: _____

Phone Number you can be reached at to complete processing of request: _____

Current Address: _____

Current Email: _____

Transcripts: (If multiple transcripts to different addresses complete one form for each address)

Address you wish transcripts to be sent to including a phone number and your contact person

Name: _____

Number: _____

Address: (Street, City, State, Zip Code) _____

Certificate: (If multiple certificates to different addresses complete one form for each address)

Address you wish certificate to be sent to including a phone number and your contact person

Name: _____

Number: _____

Address: (Street, City, State, Zip Code) _____

Payment: Number of transcripts x \$15.00

Number of certificates x \$30.00

Payment can be Cash, Check or Credit Card (Master Card, Visa & Discover)

Name on Credit Card: _____

Signature of Card Holder: _____

Credit Card Number: _____ 3 Digit Security Code: _____

Expiration Date: _____ Zip Code of the billing address for the credit card: _____