



# 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:

### Alternate Mailing Address:

(Provide only if transcripts mailed to another location.)

\_\_\_\_\_  
Street / PO Box

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Street / PO Box

Telephone: (\_\_\_\_) - \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Telephone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Email Address

Fax to: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

(Unofficial Transcripts Only)

\_\_\_\_\_  
Requestor's Signature

### Type of Document (Please indicate)

#### **OFFICIAL TRANSCRIPT**

\_\_\_\_ Quantity  
\_\_\_\_ Amount Paid( \$5.00 each)

#### **DETAILED EDUCATION VERIFICATION**

(for states other than OR & WA)  
\_\_\_\_ Amount Paid( \$45.00)

#### **UNOFFICIAL TRANSCRIPT**

\_\_\_\_ Quantity  
(No charge)

#### **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.**