



Transcript Request Form

Full Legal Name: _____

Social Security Number: _____

Date of Birth (MM / DD / YYYY) _____

Name of School Attended: **BODY IN MIND MASSAGE INSTITUTE**

Location of School Attended: **TOMS RIVER, NJ**

Dates of Attendance* MM / DD / YYYY to MM / DD / YYYY _____ To _____

Program of Study: **MASSAGE THERAPY CERTIFICATION**

Current Phone Number: _____

Current Email*: _____

Current Address*: _____

Has your name changed since attending school? Yes No

If yes, name at time of enrollment: _____

Please forward my records to this address* (Must Provide Complete Mailing Address):

Contact: _____

Address/City/State/Zip: _____

I, _____, hereby certify that the information above is correct to the best of my knowledge and I certify that I am the former student requesting my own records.

Student's Signature

Notary Signature

Date of Signature

Date of Signature

Incomplete requests will NOT be processed. There is a \$35 fee for each transcript request. Any fees owed must be paid prior to processing transcripts. Signature must be notarized. Allow 5-10 business days for processing.

RETURN TO: Body in Mind Massage Institute * 1837B Hooper Ave. * Toms River, NJ 08753* 732-608-7781