



Fox Valley School of Massage

P.O. Box 615. Neenah, WI 54957-0615
www.FVSM.org

Revised: 2/7/13

Transcript Request / Certificate Request Form

Note: This form must be completed by the FVSM Alumni.

**This form will be not accepted if completed by another institution to protect privacy and confidentiality.
Transcripts will not be emailed. All transcripts will be mailed to the receiver using USPS.**

Print this form and mail it along with payment to FVSM:

1. The alumni must completely fill out this form in its entirety; if anything is left blank the request will not be completed.
2. Date of GRADUATION from the FVSM certificate you received must be included.
3. Mail to: **FVSM. P.O. Box 615. Neenah WI. 54957-0615 with payment.**
4. Payment of Cashiers check or Cash only. Transcript fee \$15.00 Certificate Fee \$30.00
Credit cards and personal checks are not accepted.

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: _____

Be sure to obtain information from your CERTIFICATE for year of graduation.

Phone Number you can be reached at if needed to process 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, or Cashiers Check made payable to FVSM.

Thank You.