



INTERNATIONAL PROFESSIONAL SCHOOL OF BODYWORK

Transcript/Diploma/CE Certificate Request Form

9025 BALBOA AVE. SUITE 130 SAN DIEGO, CA. 92123 TEL: 858-505-1100 x313 FAX: 858-565-4118

I. PERSONAL INFORMATION:

Name (as provided upon application to IPSB): _____

Name as you would like it to appear (if different from above): _____

Address: _____

Daytime Phone: _____ Other Phone: _____ Email: _____

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

- Send my records to my above home address
- Please check here if you would prefer to pick up your records. You will be contacted when they are ready.
- Send my records to the following address on the line below:

II. TRANSCRIPTS, DIPLOMAS AND CERTIFICATES FOR PROGRAM GRADUATES

PRICE

****Grad Packet: First time program graduates are entitled to receive one Official Transcript, one Unofficial Transcript, and one Original Certificate. If applying to NCBTMB one official in addition will automatically be sent from IPSB.**

First Transcript/Diploma/Certificate following completion of (circle one) M.T., H.H.P., A.S., B.A., M.A. [FREE]

Please check one of the following: Applying to NCBTMB Not applying to NCBTMB send packet (circle one): **Home** or **Pick up**

III. TRANSCRIPTS FOR NON-GRADUATES

QUANTITY/PRICE

Original Cumulative Transcript (first request) _____ x \$10
(Note: additional \$10 processing fee for courses completed prior to 2002)

Official copy of previous transcript _____ x \$5

Unofficial Cumulative Transcript _____ x \$5
(Note: additional \$5 processing fee for courses completed prior to 2002)

Last Quarter attended (example: "Winter '08"): _____

If you would like to have grades for any current courses included on your transcript, please list them here:

Date of license expiration (if requesting transcript for license renewal): ____ / ____ / ____

IV. SPECIALIZATION AND CONTINUING EDUCATION CERTIFICATES

QUANTITY/PRICE

Official Copy of Original Certificate _____ x \$5

Original Certificate for Specialization, list here: _____ [FREE]

Continuing Education (CE) Certificate: Please list course name(s) and Quarter/Year (example: "Winter '08"): _____ [FREE]

V. PAYMENT

TOTAL COST: \$ _____

I agree to remit payment for all records requested and understand that I should allow up to ten business days for processing.

Student Signature: _____ Date: ____ / ____ / ____

FOR OFFICE USE ONLY

PAID ON ____ / ____ / ____ CASH CHECK # _____ VISA/MC/AMEX/DISC OTHER: _____