



INTERNATIONAL PROFESSIONAL SCHOOL OF BODYWORK

Request For Official Transcripts and Copies of Certificates

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

IMPORTANT INFORMATION: You can request an IPSB official transcript for academic work completed at the International Professional School of Bodywork. (Requests for transcripts of courses taken at other institutions should be directed to those institutions.) Please be aware that only the student/alumni may request an official transcript. Normal processing times are within four to six weeks. All financial obligations to IPSB must be satisfied before transcripts are released.

PERSONAL INFORMATION:

Name (used at time of attendance): _____

Address: _____

Daytime Phone: _____ Other Phone: _____ Email: _____

Social Security Number: XXX - XX - _____ Date of Birth: ____/____/____

- Send my records to my above home address.
- Call me when my records are available, and I will pick them up.
- Send my official transcript to the following institution(s): NCBTMB CAMTC
- Send my records to the following address: _____
- Special Requests (multiple requests to multiple locations): _____

Send Transcript(s): Now Hold for grade Hold for posting of degree

REQUESTS FOR OFFICIAL TRANSCRIPTS:

(For students who completed studies after 2002)

- First transcript request 1 x \$0.00 = \$0.00
- All other transcript requests x \$10.00 = \$

(For students who completed studies prior to 2002)

- First transcript request 1 x \$20.00 = \$
- All other transcript requests x \$10.00 = \$

REQUESTS FOR SPECIALIZATION, PROGRAM, AND CONTINUING EDUCATION CERTIFICATES:

QUANTITY/PRICE

- Original Program and Specialization Certificate(s) (first request) 1 x \$0.00 = \$0.00
- Official Copies of Program and Specialization Certificate(s) (other than first request) x \$10.00 = \$
- Continuing Education (CE) Certificate(s) [no charge] x \$0.00 = \$0.00

(please list course name(s) and Quarter/Year (example: "Winter '09")

PAYMENT

TOTAL COST: \$ _____

I agree to remit payment for all records requested and understand that I should allow up to four to six weeks for processing.

Original Signature: _____
(computer-generated signatures are not accepted)

Date: ____/____/____

FOR OFFICE USE ONLY

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