



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.)

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Name of Agency

City State Zip Code

Street / PO Box

Telephone: (____) - _____

City State Zip Code

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(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 \$ _____

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(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.**