



# TRANSCRIPT REQUEST

PLEASE MAIL THIS TO YOUR HIGH SCHOOL OR COLLEGE

Arbor College- School of Massage requires an official transcript from your high school or for your most recent post-secondary degree. Copies in your possession are not "OFFICIAL".

## To Be Completed by Student:

School Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Year Graduated \_\_\_\_\_

## Identifying Information:

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name \_\_\_\_\_

Other Names Used \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

I request that official academic transcripts be mailed to:

**Arbor College**  
**School of Massage**  
Attn: Admissions Office  
6500 Papermill Drive, Suite 214  
Knoxville, Tennessee 37919

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Date