



# Central Maryland SCHOOL of MASSAGE

## TRANSCRIPT & DIPLOMA REQUEST

Your Request – Check all that apply:

- Official Transcript, \$10 Fee
- Diploma, \$10 Fee
- Notarized Diploma, \$10 Fee
- Original Diploma, \$25 Fee
- Other (please explain):

First and last name: \_\_\_\_\_  
Previous name (if different): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Time Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Year/Program attended: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Consent: I hereby authorize Central Maryland School of Massage to provide the requested information to the following party:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Time Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Options:

- Cash  Check payable to CMSM  Credit Card (Discover, MC, Visa, Amex)

Printed Name on Credit Card: \_\_\_\_\_  
Credit Card Billing Address: \_\_\_\_\_  
Type of Card:  Discover  MC  Visa  Amex  
CC#: \_\_\_\_\_  
Expiration: \_\_\_\_\_ CVC (3 Digit Code): \_\_\_\_\_  
Signature of Cardholder: \_\_\_\_\_

Please include payment with this form and mail to: CMSM, Attn: Transcript Requests, 5340 Spectrum Dr, Suite H, Frederick, MD 21703 or fax to: 301-663-8278, Attn: Transcript Requests.