**OFFICIAL TRANSCRIPT REQUEST FORM**



**MAIL THIS TO YOUR HIGH SCHOOL, COLLEGE, OR GED\HISET PROVIDER**

This form is used by individuals applying for admission to Reflections of Health School of Massage, Inc. to complete the Massage Therapy Diploma Program. Please complete the form and send it to the high school, college, or GED\HISET provider you are requesting the transcripts from. If you are requesting transcripts from more than one educational institution\provider, use a separate form for each location.

Reflections of Health School of Massage, Inc., requires an official transcript be provided to our institution directly from your high school, college, or GED\HISET provider. Copies of transcripts in the possession of the applicant are not *“Official Transcripts”* and will not be accepted as such. Applications are not considered as complete until Reflections of Health School of Massage, Inc., has received the official transcript(s). Admission to the program can not be made until the application is complete.

Please provide the information requested on the form under ROHSOM Applicant Information and send it to your high school, college, or GED\HISET provider. Your official transcript must be received before we can provide an admission decision.

**ROHSOM APPLICANT INFORMATION**

**Student ID# (Last four of SSN):** **DOB:** **Year Graduated:**

**Full Legal Name (Last Name, First Name, Middle Initial):**

**Address:**

**Telephone Number:**

By signing and dating below, I authorize the release of my transcript to the addresses listed below. Electronic signatures not accepted.

Signature Date

**TO THE SCHOOL**

The above-referenced individual has applied for admission to Reflections of Health School of Massage, Inc. An official final transcript must be submitted before an admissions decision can be made. The transcript must contain the graduation date, final grades by course, grading scale, cumulative GPA, and the official school signature\seal. Please complete the information below and send transcript to ROHSOM by any of the following methods:

1. Through the sending school’s preferred electronic transcript vendor
2. By email attachment sent directly from the sending school to info@reflectionsofhealth.com
3. Via USPS in a sealed envelope from the sending school to:

**Reflections of Health School of Massage, Inc.**

**ATTN: Admissions**

**1604 Lamons Lane, Suite 207A**

**Johnson City, TN 37604**

If you have any questions, please contact us at (423) 804-3067 or email us at info@reflectionsofhealth.com.

School Name:

Address:

Telephone Number:

Non-discrimination Statement

ROHSOM does not engage in discrimination or harassment of any kind based on but not limited to sex, race, color, religion, sexual orientation, national origin, age, or disability in our educational programs.

**Reflections of Health School of Massage, Inc.**, 1604 Lamons Lane, Suite 207A, Johnson City, TN 37604; reflectionsofhealth.com