

ACADEMIC TRANSCRIPT/CERTIFICATE REQUEST FORM

Print form, complete information, sign, and mail or fax to:

Academy of Natural Therapy, Attn: Admissions Office
625 8th Avenue
Greeley, CO 80631

Or faxed to:
(970) 454-3147, Attn: Admissions

Name: Last: _____ First _____ Middle _____

Bear Number: _____

Date of Birth: _____ Day Phone: _____

Mail (# of documents) _____
to the address below

Mail (# of documents) _____
to the address below

Official Transcript
Unofficial Transcript
Certificate for CMT
Certificate for Reflexology
Certificate for Chair Massage

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Unofficial Transcript
Certificate for CMT
Certificate for Reflexology
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For additional addresses, please print another form.

Check appropriate line:

- _____ Mail my transcript **now** as is
_____ Mail my transcript with **Fall 2007 grades** on 12/28/07
_____ Mail my transcript with **Fall 2007 degree** on 01/11/08

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my academic record as indicated.

Student Signature

Payment type (\$5.00 per official transcript, \$1.00 per unofficial transcript, \$5.00 per certificate)

- _____ Check / Money order (for mail in request only)
_____ Credit card # and expiration date _____

(Visa, Mastercard or Discover)

Also include your 3 digit card verification number, which can be found on the reverse side of your credit card. _____

Credit card payments are processed through our secure site with TouchNet.