FLORIDA SCHOOL OF MASSAGE

TRANSCRIPT AND DIPLOMA REQUEST FORM

6421 SW 13th Street, Gainesville, FL 32608
352-378-7891 | Fax 352-381-8808
transcripts@fsm.edu

PAYMENT SAFETY NOTICE

DO NOT write card numbers or payment-card details on this form, or send them by email or fax.
FSM will review your request and provide approved secure payment instructions before release.

1 REQUESTER / ATTENDANCE INFORMATION

Current legal name

Name while attending FSM (if different)

Program / attendance dates or cohort

Telephone

Email

Street mailing address

City

State

ZIP/postal code

Professional information (optional):

☐ Licensed massage therapist: Yes ☐ No ☐ Currently working as an LMT: Yes ☐ No

State(s) of licensure

License number(s)

☐ Employed
☐ Self-employed

May FSM send you its monthly online newsletter? ☐ Yes ☐ No

2 PURPOSE OF THE REQUEST

☐ Personal ☐ Job ☐ Education ☐ Replacement of original

☐ State licensure ☐ National certification ☐ Other

If licensure or other purpose, specify state/agency and details

Continue to pages 2-3 for document selections, delivery, authorization and return instructions.

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3 REQUESTED DOCUMENTS AND ESTIMATED FEES

Original published fee schedule (subject to school review and confirmation):

		QTY	TOTAL
Official transcript - sent directly to institution	$20		
Transcript - released to student	$20		
Diploma copy	$20		
Diploma wall certificate	$20		
Other - call FSM for consultation/price	Quote		
Rush processing (otherwise allow 7-10 business days)	$15		

Your estimated total (FSM will confirm)

Special services may require additional review/fees.
Prior form stated a minimum $25 fee for administrative research and a minimum $150 for New York licensure; contact FSM for a quote.

4 WHERE SHOULD WE SEND THE REQUESTED RECORDS?

Receiving institution, organization or person

Street address

City

State

ZIP/postal code

Recipient telephone or fax (if applicable)

Recipient email (if accepted by recipient)

For more than one recipient, attach a separate signed sheet of instructions.

Continue to page 3 to sign the required release authorization and return this request.

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5 AUTHORIZATION AND REQUESTER SIGNATURE

I authorize Florida School of Massage to release my school records to the parties specified on this request for the stated purposes. I understand the school cannot release records without my signed request and the appropriate fees paid or an approved fee exception. FSM will review the request and provide secure payment instructions, if applicable.

Signature (sign by hand or with a PDF signing tool):

_____

Date signed

6 ADDITIONAL REQUEST INFORMATION (OPTIONAL)

Provide special requirements, more recipients, jurisdiction-specific forms or delivery instructions.

7 RETURN INSTRUCTIONS AND OFFICE USE

Email signed request: transcripts@fsm.edu

Mail: 6421 SW 13th Street, Gainesville, FL 32608 | Fax: 352-381-8808

Questions: 352-378-7891. FSM will contact you about the verified fee and secure payment.

Do not provide payment-card numbers, security codes or similar payment details by email or fax.

For office use only - do not complete as a requester:

Date received

Date record(s) sent

Payment receipt reference

Administrator who processed request

File completed request with the student record as required by FSM record policies.

Do not enter payment-card information on this form.