



## Request for Transcript Form

**Mail or fax this form to your high school, college or massage school.**

BCMT requires an official transcript for your most recent post-secondary degree. An official high school transcript is only required for those candidates without post-secondary degrees (Associate, Bachelors, Masters, Chiropractic, etc). Copies in your possession are not "official" unless they have the school's official seal.

### **To Be Completed by Student:**

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

Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date(s) attended/graduated: \_\_\_\_\_

### **I request that official academic transcripts be mailed to:**

Boulder College of Massage Therapy  
Attn: Admissions Office  
6255 Longbow Drive  
Boulder, CO 80301

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

\_\_\_\_\_  
Date