



Western College of Remedial Massage Therapies Inc.

832 McCarthy Boulevard, Regina, Saskatchewan S4T 6S7

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Web- www.westerncollege.ca

Document Request Form

- Documents cannot be issued to or for a student or alumni who is indebted to the Western College of Remedial Massage Therapies Inc.
 - Documents will only be issued upon receipt of student's signed request.
 - May take 7-10 days to process.
 - Methods of payment accepted:
 - visa, mastercard, cheque, or cash. Please do not send cash in the mail.
- Please note: if you do not wish to include credit card information on this form, you may phone in your credit card information to 306-757-2242.

- Transcripts (\$20) _____ Year of Graduation
- Year One
 - Year Two
 - Year Three
- Diploma (\$35) _____ Year of Graduation
- Student ID Card (\$15)
- Con Ed Certificates (\$10) _____ Course Name
_____ Course Completion Year

| | | | |
|-------------------|--------|--------------|----------|
| First Name: | | Last Name: | |
| Address: | | | |
| City: | Prov.: | Postal Code: | Country: |
| Phone #: | | Email: | |
| Birth Date m/d/y: | | | |

| | |
|--|---------------------------------------|
| <input type="checkbox"/> Mail or Fax Documents | <input type="checkbox"/> Will Pick Up |
|--|---------------------------------------|

Mail/Fax or Release _____ Copies To: _____

Phone #: _____ Fax#: _____

CURRENT GRADUATES DISREGARD FEES FOR TRANSCRIPT AND DIPLOMA

| | | | | |
|---------------------|-------------------------------|--------------------------------------|---------------------------------|-------------------------------|
| Method of payment | <input type="checkbox"/> Visa | <input type="checkbox"/> Master Card | <input type="checkbox"/> Cheque | <input type="checkbox"/> Cash |
| Credit Card Number: | V-Number: | | Expiry: m/d/y: | |

| | |
|--|-------|
| I hereby authorize release of my WCRMT transcript to the educational institution(s) or person indicated above. | |
| _____ | _____ |
| Signature | Date |

FOR OFFICE USE ONLY

| | |
|------------------------------|-----------------|
| Date Payment Received: _____ | Receipt # _____ |
|------------------------------|-----------------|

Providing quality education and training in Massage Therapy since 1978