



# Western College of Remedial Massage Therapies Inc.

832 McCarthy Boulevard, Regina, Saskatchewan S4T 6S7

Ph - 306 757-2242 Fax - 306 757-6858

Web- [www.westerncollege.ca](http://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: Phone in your credit card information to 306-757-2242.

Transcripts (\$20) \*\*additional \$5 to mail\*\* \_\_\_\_\_ Year of Graduation

Year One

Year Two

Year Three

Diploma (\$35) \*\*additional \$10 to mail\*\* \_\_\_\_\_ Year of Graduation

Student ID Card (\$15)

Con Ed Certificates (\$10) \*\*additional \$5 to mail\*\*

\_\_\_\_\_ 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 (additional fees) or <input type="checkbox"/> Fax Documents	<input type="checkbox"/> Will Pick Up
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Mail/Fax or Release 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 Payments: Please call 306-757-2242 to process

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 # _____
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