



Arizona School of INTEGRATIVE STUDIES

Please mail to: ASIS Registrar
209 W. Main St
Mesa, AZ 85201
lhall@asismassage.edu

Your Request (check all that apply):

- ☐ Official Transcript, \$15 fee
- ☐ Diploma, \$15 fee
- ☐ Original Diploma, \$25 (on parchment paper)
- ☐ Out-of-State Massage Therapy Board Transcript Review/course description, \$50
(includes Official Transcript, Course Curriculum & syllabi, Transcript Review)
- ☐ Workshop Certificate Copy, \$15 fee

Name: _____

Previous name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Year/Program/Campus/Workshop attended: _____

Date of Birth: _____

Consent:

I hereby authorize ASIS Massage to provide the requested information to the following party:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Your Signature Authorization:
