

ACADEMIC TRANSCRIPT REQUEST FORM

Print form, complete information, sign, and mail or fax to:

Academy of Natural Therapy, Attn: Admissions Office
625 8th Avenue
Greeley, CO 80631

Or faxed to:

(970) 353-1906, Attn: Admissions

Name: Last: _____ First _____ Middle _____

Bear Number: _____

Date of Birth: _____ Day Phone: _____

Mail (# of transcripts) _____
to the address below

Mail (# of transcripts) _____
to the address below

For additional addresses, please print another form.

Check appropriate line:

- _____ Mail my transcript **now** as is
- _____ Mail my transcript with **Fall 2006 grades** on 12/28/06
- _____ Mail my transcript with **Fall 2006 degree** on 01/12/07

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my academic record as indicated.

Student Signature

Payment type (\$5.00 per transcript)

- _____ Check / Money order (for mail in request only)
- _____ Credit card # and expiration date _____

(Visa, Mastercard or Discover)

Also include your 3 digit card verification number, which can be found on the reverse side of your credit card. _____

Credit card payments are processed through our secure site with TouchNet.