

Maine Campus 100 Larrabee Road (207) 591-4141 Fax: (207) 591-4460

North Andover Campus 202 Sutton Street, Suite 460 North Andover, MA 01845 (978) 620-5250

59 Industrial Park Road Plymouth, MA 02360 (508) 747-3130

Plymouth Campus

Fax: (508) 747-2925

Westborough Campus 227 Turnpike Road, Suite 1 Westborough, MA 01581 (508) 836-8864 Fax: (508) 366-8425

Information Request Form

Fax: (978) 620-5280

Most requests are completed within 3-5 business days after receipt of form.

| Student/Graduate Name: | | | Start Date/Year: | | |
|--|---------|------------|----------------------|----|-----|
| Name in school (if different): | | _ | Grad Date/Year: | | |
| Phone: | | | Campus Attended: | | |
| Address: | | | Program Attended: | | |
| Dity: ST: | Zip: | | | | |
| Email: | | | | | |
| tems for Request | QTY | Document D | Pelivery Information | | |
| Duplicate Certificate of Completion * | | For Item: | • | | |
| Official Graduate Transcript * | | Recipient: | | | |
| Jnofficial Transcript * | | Address: | | | |
| Special Verification Letter * | | City: | | ST | Zip |
| Describe: | • | Attention: | | | |
| * Documents provided to a third party requires an Information Autoriz | zation. | For Item: | | | |
| | | Recipient: | | | |
| Delivery Method | QTY | Address: | | | |
| Office pickup in-person | | City: | | ST | Zip |
| 1st class US Mail | | Attention: | | | |
| nformation Authorization* | | For Item: | | | |
| I authorize that Spa Tech Institute release the above documents to the following agency/agencies, person(s), or other address(es) listed to the right. | | Recipient: | | | |
| | | Address: | | | |
| | | City: | | ST | Zip |
| | | Attention: | | | _ |
| Signature Date | • | | | | |
| | | | | | |