



## AUSTIN'S SCHOOL OF SPA TECHNOLOGY TRANSCRIPT REQUEST FORM

### Austin's School of Spa Technology Office of the Registrar

855 Central Ave  
Albany NY 12203  
(518) 439-4849 x 1361 [phone]  
(518) 640-8252 [fax]

Full Name *(used at Austin's)*: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Date Last Attended: \_\_\_\_\_ Did you graduate? **Yes** or **No**  
Current Address *(No., St.)*: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Current Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Transcript Issue Options:  Please hold at the Office of the Registrar, I will pick up the transcript  
 Please send to my current address above  
 Please send the transcript to the organization/address below:

Organization Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
*(required)* \_\_\_\_\_

**\*\* Faxed requests must be paid by credit card \*\***

**Students who have any outstanding financial obligations to Austin's School of Spa Technology will not be issued a transcript until such obligations are satisfied, and transcript fees paid will be applied to outstanding balances in default.**

Service Options:  Regular: \$6 per transcript, mailed within 5 business days  
*(choose one)*  Expedited: \$30 first transcript, \$6 each additional; includes overnight delivery within US; mailed within 2 business days

Payment Options:  Cash  
*(choose one)*  Money order or check payable to Mildred Elley  
 Please charge my credit card. I authorize \$\_\_\_\_\_ to be charged to:  
Card Type *(circle one)*: **Visa** or **MasterCard**  
Card Number: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Expiration Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_  
Cardholder Signature: \_\_\_\_\_

\_\_\_\_\_  
Student Signature *(required)*

\_\_\_\_\_  
Date *(required)*

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website [www.austin.edu](http://www.austin.edu)

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