



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) 785-7560 [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: _____

Cardholder Address: _____

Expiration Date: Month: _____ Year: _____

Three Digit Security Code: _____

Cardholder Signature: _____

Student Signature (*required*)

Date (*required*)

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website www.austin.edu

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