HACC Harrisburg Campus
One HACC Dr
Harrisburg PA 17110

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www.hacc.edu

Massage Therapy Certificate Request Form

I authorize HACC to release my school record to the parties indicated below for the purposes stated. I understand that the request **cannot** be processed without my signature, this completed form and the appropriate fees paid.

Signature: ____ Program Date: _____________________________________

Printed Name: ____ Previous Name Used: _______________________________

Address: ____

City: ___________________________________ State: _____________________ Zip: ________________

Telephone Number: ____

For what purpose are you making this request? (please circle) Personal Job Education Replacement of Original State Licensure National Certification Exam MBLEX Other: _____________________

IMPORTANT: Many institutions require all transcripts to be sent directly from the school. Please include any specific instructions regarding how your transcripts must be sent.

Document	Quantity Needed		Total
Official Transcript (sent directly to NCBTMB or other institution)	_________ x $5	=	$________
Transcript (released directly to the student)	_________ x $5	=	$________
Certificate	_________ x $15	=	$________

Where do you want the document(s) sent? (Use back of page if more than one)
Name: ____
Address: ____
City: ______________________________________ State: ______________________ Zip: _________________
Telephone Number: ____

Credit Card Information (If not paying by cash or check made payable to HACC)
Total Amount: $____________ Type of credit card: MasterCard Visa
Credit Card Number: ____ Expiration Date: ___________________________
Name on Credit Card: ____

****For Office Use Only. Please do not write below this line****

Date transcript/certificate mailed: ___________________________ Payment receipt #: _________________________
Processed by: ____