

Colorado Institute of Massage Therapy  
TRANSCRIPT EXEMPTION REQUEST FORM

STUDENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

I QUALIFY FOR AN EXEMPTION BECAUSE THE TRANSCRIPT OR CERTIFICATION IS NEEDED FOR THE FOLLOWING REASON:

\_\_\_ Job application (attach a letter signed by the business owner or manager on company letterhead)

\_\_\_ Transferring to another postsecondary institution (attach a letter or form from the institution requesting the transcript or certification)

\_\_\_ Applying for state, federal, or institutional financial aid (attach a copy of the completed application)

\_\_\_ Pursuit of opportunities in the military or National Guard (attach a copy of the completed application or a letter on letterhead from the service requesting the transcript or certification)

\_\_\_ Pursuit of other postsecondary opportunities (attach a letter or form from the institution requesting the transcript or certification)

I HEREBY SWEAR UNDER PENALTY OF PERJURY THAT THE ABOVE IS TRUE AND CORRECT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY PUBLIC**

State of Colorado )

) §§

County of ) \_\_\_\_\_

Subscribed and sworn before me by: \_\_\_\_\_

This \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Commission expires: \_\_\_\_\_

Signature: \_\_\_\_\_