



REQUEST FOR REPLACEMENT TRANSCRIPT or CERTIFICATE

Instructions:

- 1. Due to the Family Rights and Privacy Act (FERPA) of 1974, a student signature is required for release of transcript(s).
2. PRINT clearly to insure proper mailing.
3. Make check payable to Kenneth J. Nelan.
4. If sending request, mail to: Sacred Wandering, C/o Kenneth Nelan, 4371 W. Sungate Place, Tucson, AZ, 85741
5. Please make and keep a copy of this request for your own records.
6. If you have not heard from us within two (2) weeks, please call: (520) 400-8642

Student's Name _____
(If you have been recently married and changed your name, please furnish the name you used at the time of the class.)

Date of Birth _____ State License Number _____
(Needed for Verification) or NCBTMB Member Number _____

Address _____

City, State, Zip _____

Phone Number ____ (____) _____ - _____

E-mail _____

I am requesting a copy of (Check All That Apply)

_____ Certificate of Completion

_____ Transcript

_____ Reiki Certificate (Please specify for which degree you need.) _____

We request a \$3.00 for each record to help offset the costs of postage, envelopes, and printing. This fee is deductible from your insurance as a business expense. For more information please contact your financial advisor or tax consultant.

Student Signature**

Today's Date

(*This request form will remain on permanent file with our registration office.)

(**This form will not be processed without a valid student signature.)