



# Transcript Request Form

**Please circle the school attended:**

The Salon Professional Academy (TSPA)

O'Briens Aveda Institute (formerly OTC)

Month/Year you started: \_\_\_\_\_ to Month/Year you stopped attending: \_\_\_\_\_

Did you graduate?    YES                      NO

**Student Information:**

(Legal) First Name: \_\_\_\_\_

(Legal) Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Previous Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Please mail documents to: (if different from above)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_

By signing this form, I understand O'Briens Aveda Institute is not liable for student files older than 5 years. I also understand there is a \$25 transcript fee that needs to be paid prior to getting the needed documents.

Student must submit signed form by:

Email: [admissions@obriensavedainstitute.org](mailto:admissions@obriensavedainstitute.org)

Mailed: 400 Cornerstone Drive Suite #220, Williston, VT 05403.

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