



Date _____ Student Name _____

Student Email _____

Status (check one) FSTM Graduate Attended FSTM (non-graduate) Current Student

Dates Attended _____

Fee: Official Transcript - \$12.00 per copy Unofficial Transcript - \$6.00 per copy

• All financial obligations to FSTM must be paid in full for release of Transcript.

• Number of copies requested: _____

NOTE: Upon graduation, students receive 3 copies of their official transcript at **no charge** (one sent to NARM, one sent to the DOH and one sent to the student). If you are not currently graduating, you will receive an email invoice from our Business Manager to the email address provided above.

Upon Graduation from FSTM, Transcripts will be sent directly to:

- NARM Applications
PO Box 420
Summertown, TN 38483
- FL DOH: Florida Council of Licensed Midwives
4052 Bald Cypress Way, Bin #C06
Tallahassee, FL 32399-3256

Other - please print the address(es) that the transcript will be sent to:

Please email this completed form to Kerri Audette, Program Director, at kaudette@midwiferyschool.org. Note: processing transcript requests takes five (5) business days from the time payment is received.

Student Signature _____ Date _____

FSTM Signature _____ Date _____