

TRANSCRIPT RELEASE FORM

Name: _____
(Last) (First) (Middle)

Date of Birth: ____/____/____
dd/mm/yy

Sex: ____M ____F

Naturopathic Institution you graduated from:

____Bastyr U Student No. _____

____Boucher Student No. _____

____BINM Student No. _____

____U of Bridgeport Student No. _____

____CCNM/OCNM Student No. _____

____NCNM Student No. _____

____SWCNM Student No. _____

____Other Please specify:

Name of Institution

Address:

Phone #:

I, _____ authorize the institution checked above to release my transcripts confirming my graduation from that institution. Original transcripts are to be sent directly by mail to the Registrar of the Saskatchewan Association of Naturopathic Practitioners (SANP).

(Signature)

(Date)

Please mail this to you educational institution with the appropriate fees.