

Saskatchewan Association of Naturopathic Practitioners
Office of the Registrar
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TRANSCRIPT RELEASE FORM

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

Date of Birth: ___/___/___ Sex: ___M ___F
 dd/mm/yy

Naturopathic Institution you graduated from:

<input type="checkbox"/> Bastyr U	Student No. _____
<input type="checkbox"/> Boucher	Student No. _____
<input type="checkbox"/> BINM	Student No. _____
<input type="checkbox"/> U of Bridgeport	Student No. _____
<input type="checkbox"/> CCNM/OCNM	Student No. _____
<input type="checkbox"/> NCNM	Student No. _____
<input type="checkbox"/> SWCNM	Student No. _____
<input type="checkbox"/> 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.