



Massage Therapy Authorization for Release of Information

I hereby authorize the College to release the following information to the Federation of State Massage Therapy Boards (FSMTB). This information will be used to apply for the Massage & Bodywork Licensing Examination (MBLEX) Application.

- Program start date
- Projected Program end date (if applicable)
- Student's first name _____, middle name _____, last name _____, and any other name by which she or he has been known _____
- Student's date of birth _____
- Student's Social Security Number _____
- Student's address _____
- Transcript from the College: Course name, hours/credits earned, grade student attained
- Schedule from the College: Course name, hours/credits earned, grade student attained

Student Signature

_____/_____/_____
Date

School Official Signature

_____/_____/_____
Date