



Therapeutic
Resources

School of Attendance: Please complete bottom section and fax to 888-394-2351 or mail to PMB 515, 2674 E. Main St., Suite D, Ventura, CA 93003. Questions? 866-652-1562.

Thank you for your cooperation.

Date: _____

Name: _____

Name of School Attended: _____

Dates Attended: _____ to _____

Year Graduated: _____ Degree: _____

Did above associate attend your institution? Yes _____ No _____

Dates of Attendance: _____ to _____

Year Graduated: _____

Degree: _____

Signature: _____ Title: _____ Date: _____