

Center for Financial Training Recordkeeping Services Request Form

FIRST NAME: _____

LAST NAME: _____

EMPLOYER NAME: _____

BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

CELL PHONE: _____

PLEASE CHECK DESIRED SERVICE(S):

- ☐ Official Transcript (will be mailed directly to the college) Fee \$30.00
Please send my transcript to the following school:
School Name: _____
Attention: _____
Address: _____
- ☐ Transfer Credit Evaluation Fee \$20.00
_____ I have requested that _____ mail my transcript directly to CFT.
(college or university)
- ☐ Unofficial Transcript Fee no charge
- ☐ Diploma/Certificate Badge (Emailed) Fee no charge

(Diploma or Certificate Title)
- ☐ Diploma/Certificate Reprint Mailed Fee \$30.00

(Diploma or Certificate Title)
- ☐ Credit Request - Program Title: _____ Fee \$30.00

PLEASE SEND THE ABOVE ITEM(S) TO MY: (CIRCLE ONE) HOME WORK

SIGNATURE _____ DATE _____

PLEASE SEND COMPLETED FORM TO: RENEE FEW - CENTER FOR FINANCIAL TRAINING

Fax: 860-823-1410

e-Mail: renee@cfteducation.org

Pay by Credit Card using our secure website <https://cftnow.org/about-cft/online-bill-pay/> Fees shown are subject to change.