

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):

- | | | | |
|--------------------------|---|-------------------------|-----------|
| <input type="checkbox"/> | Official Transcript (will be mailed directly to the college) | Fee | \$30.00 |
| | Please send my transcript to the following school: | | |
| | School Name: _____ | | |
| | Attention: _____ | | |
| | Address: _____ | | |
| <input type="checkbox"/> | Transfer Credit Evaluation | Fee | \$20.00 |
| | _____ I have requested that _____ mail my transcript directly to CFT. | | |
| | | (college or university) | |
| <input type="checkbox"/> | Unofficial Transcript | Fee | no charge |
| <input type="checkbox"/> | Diploma/Certificate Badge (Emailed) | Fee | no charge |
| | _____ | | |
| | (Diploma or Certificate Title) | | |
| <input type="checkbox"/> | Diploma/Certificate Reprint Mailed | Fee | \$30.00 |
| | _____ | | |
| | (Diploma or Certificate Title) | | |
| <input type="checkbox"/> | 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: ASHLEIGH LOVETT - CENTER FOR FINANCIAL TRAINING

Fax: 860-823-1410

e-Mail: Ashleigh@CFTeducation.org

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