

Center for Financial Training Recordkeeping Services Request Form

STUDENT NAME: _____

LAST 4 DIGITS OF SS#: _____

EMPLOYER NAME: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

HOME ADDRESS: _____

HOME/CELL PHONE: _____

PLEASE CHECK DESIRED SERVICE(S):

- Official Transcript (will be mailed directly to the college) Fee \$10.00
(includes an unofficial copy to the student)

Please send my transcript to the following school:

School Name: _____

Attention: _____

Address: _____

- Transfer Credit Evaluation Fee \$30.00

_____ I have requested that _____ mail my transcript directly to CFT.
(college or university)

- Unofficial Transcript Fee no charge

- Diploma/Certificate Request Fee no charge

(Diploma or Certificate Title)

- Diploma/Certificate Replacement Fee \$10.00

(Diploma or Certificate Title)

- Webinar Credit Request - Webinar Title: _____ Fee \$15.00

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

SIGNATURE _____ DATE _____

PLEASE SEND COMPLETED FORM TO: DEBORAH RONDEAU - CENTER FOR FINANCIAL TRAINING

Fax: 860-823-1410 e-Mail: deb@cfteducation.org Mail: P.O. Box 969, Norwich, CT 06360

Pay by Credit Card at www.cftnow.org or call 800-795-5242 x1176. Make Checks Payable to Center for Financial Training.