

WIB/CFT 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 MAKE CHECKS PAYABLE TO THE **CENTER FOR FINANCIAL TRAINING** AND MAIL TO:
 Center for Financial Training, Attn: Deborah Rondeau, P.O. Box 969, Norwich, CT 06360-0969