



CENTER FOR FINANCIAL TRAINING REQUEST FOR RECORDKEEPING SERVICES

PLEASE COMPLETE THIS FORM AND FAX/SCAN IT TO:
FAX: 207-514-8260 OR TAMMY@CFTEA.ORG

Name: _____ Last four digits of your social security #: _____

Financial Institution Name and Address: _____

Student phone #: _____ Student email address: _____

Please fill in the information below for the desired service.

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File change: please indicate what information needs to be updated in your record : _____

Transcript request: Please send an official copy of my transcript to the following. **Fee: \$10.00 per transcript.**
Please indicate a specific person or department when available.

Unofficial transcript: Would you like a copy of your transcript for your files? (Unofficial transcript – no charge)

Email address: _____

Transfer Credit Evaluation: Please be in touch with tammy@cftea.org before beginning this process. **Fee: \$40.00 per transcript**
What school/organization will your transcript be coming from?
Course descriptions for the classes you wish to have evaluated for transfer must also be emailed to tammy@cftea.org

CFT Diploma or Certificate Replacement: **Fee: \$10.00 per diploma/certificate**

Title(s) _____ Name change for the replacement _____

Address to send, if different from above: _____

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If you are requesting a service with a fee, please indicate the method of payment:

Bill my financial institution – please have the proper institution representative authorize this billing

Authorized by: _____ Phone # _____

Authorized name in print: _____ Authorized Email Address: _____

I would like to pay by credit card, please call me at _____ for my credit card information.

Student Signature _____ Date: _____

The request will not be honored without a student signature.