

CENTER FOR FINANCIAL TRAINING  
REQUEST FOR RECORDKEEPING SERVICES

PLEASE COMPLETE THIS FORM AND SCAN IT TO:  
[TAMMY@CFTEA.ORG](mailto:TAMMY@CFTEA.ORG)

Name: \_\_\_\_\_ Birth Month/Day: \_\_\_\_\_

Financial Institution Name and Address: \_\_\_\_\_

Student phone #: \_\_\_\_\_ Student email address: \_\_\_\_\_

**Please fill in the information below for the desired service.**

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.  
Please indicate a specific person or department when available.

**Fee: \$10.00 per transcript.**

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](mailto:tammy@cftea.org) before beginning this process.

**Fee: \$90.00 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](mailto: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: \_\_\_\_\_

**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 email me an invoice to be paid online.**

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

**The request will not be honored without a student signature.**