



CENTER FOR
FINANCIAL
TRAINING™ &
EDUCATION
ALLIANCE

CENTER FOR FINANCIAL TRAINING REQUEST FOR RECORDKEEPING SERVICES

PLEASE PRINT THIS FORM, FILL IT OUT 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.

File change: please indicate what has changed and what we should change to: _____

Transcript request: Please send an official copy of my transcript to the following. **Fee: \$10.00 per transcript.**
If you know to whose attention it should be sent, please include this information.

Unofficial transcript: Would you like a copy of your transcript for your files? (Unofficial transcript – no charge)
If we should send your copy to an address other than above: _____

Transfer Credit Evaluation: From what school will your transcript be coming to us? **Fee: \$40.00 per transcript**
Course descriptions for the classes you wish to have evaluated for transfer must also be sent to the CFT office or 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: _____

Please send payment for the proper fee as indicated above, OR Bill my financial institution:

Authorized by: _____ Phone # _____

Authorized name in print: _____ Authorized Email Address: _____

Student Signature _____ Date: _____

The request will not be honored without a student signature.

If you are requesting a service with a fee and your financial institution is NOT being billed for it, please send this form along with payment to: CFT, Auburn Hall, Suite 303, 60 Pineland Drive, New Gloucester, Maine 04260. Your check should be made payable to CFT.

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