



RECORDKEEPING SERVICES REQUEST FORM

STUDENT INFORMATION:

Name: _____ SS#: _____

Work PH#: _____ Home/Cell PH#: _____

Employer Name/Address: _____

PLEASE CHECK DESIRED SERVICE(S):

_____ Official Transcript (for college or employment purposes) will be sent to college or employer only
\$10.00 Fee (includes a copy to the student)

OFFICIAL COPY ADDRESS

STUDENT COPY ADDRESS

_____ Unofficial Transcript
FREE

_____ Transfer Credit Evaluation
\$25.00 Fee

_____ Diploma/Certificate Replacement
\$10.00 Fee

STUDENT SIGNATURE _____ **DATE** _____

Make check payable to: **CFT, Upstate New York**, and mail to:
Center for Financial Training, Attn: Dawn Phelps, 1201 E. Fayette St., Suite #33, Syracuse, NY 13210