

Transcript Request Form



PLEASE PRINT OR TYPE CLEARLY & MAIL TO:
CFT, North Central States, Inc.
177 E. Silver Spring Drive • Whitefish Bay, WI 53217

Student Name _____ SS# _____

Previous Name (if applicable) _____

Company Name (at time of courses taken) _____

Work Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Work Phone (_____) _____ ext. _____ Home Phone (_____) _____

E-mail Address _____ Fax (_____) _____

Courses taken with another CFT/AIB? NO YES Please list: _____

Please check the services requested:

- Official Transcript including a copy to the student (fee \$25)
- Check for record of courses taken before 1990 (additional \$10 archival fee applies)

Please send my official transcript to: School Name _____

Attention _____

School Address _____

City, ST, Zip Code _____

Please send my copy to: My home address My work address

- Unofficial Transcript (no fee)
- Check for record of courses taken before 1990 (additional \$10 archival fee applies)

Please send my copy to: My home address My work address

PAYMENT / Choose One: Check Is Enclosed Visa MasterCard

Card # _____ Exp. Date _____

Name on Card _____

Cardholder Signature _____

Student Signature _____ Date _____

*Required for processing

Please mail and make checks payable to:
CFT, North Central States, Inc.
177 E. Silver Spring Drive, Suite 201 • Whitefish Bay, WI 53217
p: 414-332-6468 • f: 414-332-6478 • info@cftncs.org