



TRANSCRIPT REQUEST FORM

One West Court Square, Suite 325 ■ Decatur, GA 30030 ■ Phone: 404/320-1472
Fax: 404/320-0849 ■ Website: www.acpe.edu ■ Email: acpe@acpe.edu

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.

There is a \$25.00 service fee due at the time of request by credit card or check/money order made payable to ACPE. **You may fax a completed form to 404/320-0849.**

Name _____

Address _____

Daytime Phone _____ Fax _____

Email _____ *Please allow 10-15 business days for response for credit card payments or 30 business days for check payments.*

Provide Number of CPE Units Earned: _____

Year Unit Earned	Center, City, State	Supervisor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FORWARD TRANSCRIPT TO (if someone other than yourself): _____

Signature _____ Date _____

FORM OF PAYMENT

ALL INFORMATION MUST BE COMPLETED IN ORDER TO PROCESS CHARGE PAYMENTS

___ CHECK
OR
___ CHARGE

CHECK \$ _____ CHECK # _____

___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS ___ DISCOVER

CHARGES \$ _____ **EXPIRATION DATE** _____

CARD ACCT # | | | | | | | | | | | | | | | | | | | | | |

CARD HOLDER'S BILLING NAME/ADDRESS: _____

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