



TRANSCRIPT REQUEST FORM

1549 Clairmont Road, Suite 103 n Decatur, GA 30033-4635 n Phone: 404/320-1472
Fax: 404/320-0849 n Website: www.acpe.edu n Email: acpe@acpe.edu

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.

There is a \$10.00 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 _____

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Daytime Phone _____ Fax _____

Email _____ *Please allow 10-15 business days for response.*

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

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