

Council for Relationships

CE or AASECT Certificate/Transcript Request Form

Please check the box of your choice:

Certificate: No. of copies _____

Transcript: No. of copies _____

1. Certificate or Transcript fee is **\$10.00 per copy**, electronic or mailed copy.
2. Processing time is 7-10 business days and does not include delivery time.
3. Transcript request will not be processed if you have any outstanding financial obligations to CFR.
4. Please complete the online or hardcopy request form completely-incomplete information could delay the processing time of your request.

Please type the information or PRINT clearly.

Last Name _____ First Name _____

Any other names (if applicable) _____

Current Address _____ Apt. _____

City _____ State _____ Zip Code _____

Contact Number _____ Email _____

Name/ Credentials as it is to appear on certificate/transcript:

CE certificate/transcript date of attendance: _____ to _____

Training program, CE/AASECT workshop, or conference title:

Send CE certificate/transcript to (please include the full name and address of the person, school and /or institution):

Name/School/Institution _____

Address: _____

Email: _____

I will pick up my certificate/transcript

Mail personal check or money order (NO CASH) with request form to:

**Council for Relationships
4025 Chestnut Street, Floor 1, Philadelphia, PA 19104**