



REQUEST FOR CFT DIPLOMA/CERTIFICATE

Contact CFTWS for a verification and review of your accomplishments. Upon completion of required and elective courses for a particular diploma or certificate please complete this form, include payment of \$25.00 and MAIL TO:

Center for Financial Training Western States
1009 Grant Street, Suite 102, Denver, CO 80203
(see below for payment requirements)

*This document may contain privileged and/or confidential information.
It is intended solely for the use of CFTWS and will not be shared without written permission.*

TITLE OF DIPLOMA OR CERTIFICATE REQUESTED:

Student Name (please print): _____

Phone Numbers (one required): (_____) _____ (_____) _____
(Business) (Home or Cell)

Email Address: _____

Current Employer Name: _____

Business Address: _____

City / State / Zip Code: _____

Please Mail Completed Diploma or Certificate (if different from above):

Name: _____

Mailing Address: _____

City / State / Zip Code: _____

DIPLOMA/CERTIFICATE PAYMENT METHOD:

Your certificate or diploma will be awarded and mailed to you within **30 business days of receipt**. A fee of **\$25.00** is charged for this diploma or certificate.

Check Enclosed (payable to CFTWS) VISA MasterCard

VISA/MC #: _____ Exp. Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____