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.**

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Year Unit Earned	Center, City, State	Supervisor
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FORWARD TRANSCRIPT TO *(if someone other than yourself)*: _____

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Signature _____ **Date** _____

FORM OF PAYMENT

ALL INFORMATION MUST BE COMPLETED IN ORDER TO PROCESS CHARGE PAYMENTS

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