

## Replacement Certificate/Professional Transcript Request

Complete the fields below and then submit the form using the information below.

Student Information – Print or Type		Payment				
Name:		Credit Card:	AMEX	Discover	MasterCard	Visa
(As it should appear on the certificate)						
Other Name:		Name on Card				
(If different at the time of attendance)						
Email:		Credit Card Number				
Phone:		Expiration Date				
		-				
Program Name:		Check/Money Order:	Payable to	The Universit	y of Texas at Aus	tin.
Date(s) Attended:						
		_				
Today's Date:						
Request Details						
-						
Please note: Replacement certificates will be provided All fees are non-refundable. <b>Please allow one week for</b>						
recreated and mailed.	certificate to be					
\$20 Replacement Printed Certificate						
-						
Contact & Submission Information						
Email: Scan and send as an email to	Phone:	Fax:	Web:		vac odu	
Scan and send as an email to cpe@austin.utexas.edu.	(512) 232-6520	(512) 471-2905	protes	sionaled.ute	xas.eou	