

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: (If different at the time of attendance)		Name on Card				
Email:		Credit Card Number				
Phone:		Expiration Date				
Program Name:		Check/Money Order: Center for Professiona				tin.
Date(s) Attended:		This form is only for requesting a transcript of continuing education courses taken through the Center for Professional Education.				
Today's Date:						
Request Details						
Please note: Replacement certificates and transcripts wi format. All fees are non-refundable.	l be provided in digital					
\$10 Replacement Certificate		-				
\$10 Continuing Education Transcript						
Contact & Submission Information						
Email: Scan and send as an email to cpe@austin.utexas.edu.	Phone: (512) 232-6520	Fax: (512) 471-2905	Web: profes	sionaled.ute	xas.edu	