UNT HEALTH SCIENCE CENTER

Transcript or Certificate Request

By using the form below, you may request a transcript of the credit earned at PACE-sponsored activities or for a replacement certificate of attendance for a specific activity. In the event information provided below does not match the information in our database, you will be contacted to verify the request. Fields marked with "*" are required.

*I am requesting a ☐ Transcript
☐ Certificate

For Transcript:
*Date Range: Between _____ and _____

For Certificate (please be as specific as possible):
*Approximate date of activity: _____
*Title or subject matter of activity: _____
*Location of activity: _____
Speaker (if known): _____

For either request:
*Last 4 digits of SSN: _____
AOA Number (if available): _____
*First Name: _____
Middle Name or Initial: _____
*Last Name: _____
Suffix: _____
*Degree: _____
*Office Address: _____
*Office City/State/Zip: _____
*Office Phone: _____
Office Fax: _____
*Home Address: _____
*Home City/State/Zip: _____
*Home Phone: _____
Primary e-mail: _____
*Please send my certificate/transcript via: ☐ E-mail ☐ Fax ☐ US Mail

☐ *I certify I am the person or the authorized agent of the person listed above.

Click HERE to E-mail the information. If you experience problem, print this form and mail or fax. *Click to Print*

UNTHSC-PACE
3500 Camp Bowie Blvd.
Fort Worth, TX 76107-2699

FAX: 817-735-2598
PHONE: (817) 735-2539