UNIVERSITY of NORTH TEXAS
HEALTH SCIENCE CENTER at Fort Worth
Education, Research, Patient Care and Service
Professional and Continuing Education
3500 Camp Bowie Boulevard
Fort Worth, Texas 76107-2699

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*

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