



**Schoolcraft
College**

TESTING CENTER

Office Use Only:

Signature: _____

Date Mailed/Picked Up: _____

Additional CWW Certificate Request Form

PLEASE PRINT CLEARLY

Birthdate: ___/___/___ Last 4 digits of Social Security Number: _____

Name: _____

Address: _____ City _____ Zip _____

Phone: _____ Cell Phone: _____

Email: _____

I am requesting additional CWW certificates at the cost of \$15 each.

Signature: _____ Mail _____ Pick up _____

Number of Certificates: _____ for CPAT Test Date: ___/___/___
Number of Certificates: _____ for Written Test Date: ___/___/___

- Enclose check or fill out credit card information and mail to:
Schoolcraft College, Testing Center, MC220, 18600 Haggerty Rd., Livonia, MI 48152.
- If paying by credit card, you may fax this form to 734-462-4808 or scan and email it to testing@schoolcraft.edu.

Office Use Only:	Date Received _____	Amount Paid _____	Payment Type _____
	Processed By _____		Date Printed _____

Credit Card Authorization Form for CWW Certificates

PLEASE PRINT CLEARLY

Name: _____ Student #: _____

(circle) American Express, Mastercard / Visa / Discover Card No.: _____

Expiration Date: _____ Total Amount: _____

Signature of Card Holder: _____

Address of Card Holder: _____ City: _____ Zip: _____

Email Address: _____

Today's Date: ___/___/___ Daytime Phone No.: _____

ALL INFORMATION MUST BE PROVIDED. PAYMENT CANNOT BE PROCESSED UNLESS COMPLETE.

Office Use Only: Cash Codes LAC/CLC 02-5610 _____