



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/money order 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 Printed _____
Processed by _____ Date Received _____ Amount Paid _____ Cash _____ Check _____ Credit _____

Credit Card Authorization Form for CWW Certificates

PLEASE PRINT CLEARLY

Name: _____ Student #: _____

Total Amount: \$ _____

Please call Schoolcraft College Cashier's Office at 734-462-4449 to give your credit card information and complete the payment process within 2 business days.

Address of Card Holder _____

Email Address: _____

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

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

Office use only: Receipt # _____ Date _____ Cashier _____
