OFFICIAL TRANSCRIPT REQUEST
Bring or mail this form to the:
The Registrar
Clarence Fitzroy Bryant College
Burdon Street, P. O. Box 268
Basseterre, St. Kitts
or Fax (869)-465-9913

This form will be placed in a plain white envelope to mail. You are responsible for providing a name and address for the recipient within the box provided below.

Name and Address of Recipient (Required)

Transcripts will not be issued until ALL financial obligations to the College have been cleared.

No. of Copies:	Note: Fee is $35.00 for the first copy and $20.00 for each additional copy

Have you ever requested an official transcript before (Required) ☐ **YES** ☐ **NO**

Processing TIME (approximately 10 business days)

Additional Services	
Please include country code/area if dialing outside St. Kitts and Nevis. NOTE: A hardcopy of transcript will be mailed to recipient address above once receipt of fax is confirmed.	NOTE: Courier service requires a recipient phone number and must be destined to a civic address. P.O. Boxes are not acceptable for courier service.
☐ FAX LOCAL (St. Kitts and Nevis)	☐ Courier (EMS) (Caribbean) – add $60.00
☐ FAX Regionally (Caribbean)-add $3.00	☐ Courier (DHL) (Caribbean) – add $80.00
☐ FAX Internationally- add $5.00	☐ Courier Internationally - add $175.00
Fax to: (Enter Fax number include area code)	Recipient phone number (Required):

Student Name:	**Student ID (if known):**	**Daytime Phone Number:**
Student Address:		
Date of Birth:	**Email Address:**	
Former Name (if applicable):	**Years attended College:** From_____ to_____	

Division: (NOT AUTHORISED TO ISSUE UWI TRANSCRIPTS (Teacher Education, BSc Nursing, Post Graduate Diploma in Education, UWI level one)

☐ Arts, Sciences and General Studies
☐ Adult and Continuing Education (CAPE only)
☐ Health Sciences (_____)
Programme (Midwifery, General Nursing, enrolled Nursing Assistant)
☐ Technical & Vocational Education & Management Studies
(_____)
Technical Programme (e.g. Culinary, OADM, ADT)

Student Signature: **Date:**

OFFICE USE ONLY	
Date Received:	**Amount Paid:**
Date Completed:	
Received by:	

Revised January, 2022