

Received by:

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. |
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| No. of Copies: Note: Fee is \$50.00 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 If you wish to have your transcript delivered electronically there is no additional cost. Kindly provide the email address for the named recipient(s). Email (Recipient 1): Email (Recipient 2): Email (Recipient 3): Email (Recipient 4): | |
| Recipient phone number (Required): Student Name: Student ID (if known): Daytime Phone Number: | |
| Student Address: Date of Birth: Email Address: | |
| Former Name (if applicable): | Period of Attendance: Fromto |
| 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 (| |
| Technical Programme (e.g. Culinary, OADM, ADT) Student Signature: Date: | |
| OFFICE USE ONLY Date Received: Date Completed: | Amount Paid: |