



**TTHTI**

Trinidad and Tobago  
Hospitality and Tourism Institute

**STUDENT SERVICES  
DEPARTMENT**  
Telephone: (868) 634-  
4250/2146/2147

#SSD002

# General Requests

Please allow at least 5 working days to process request. Records prior to 1999 will need at least 2 weeks to process.

PLEASE PRINT LEGIBLY TO AVOID DELAY IN PROCESSING

PERSONAL INFORMATION (All required)			
Student ID#		Other ID# (DP/National ID/Passport)	
Last Name	First Name	Maiden Name (if applicable)	
Present Address			
Telephone (Home)		Telephone (Work)	Telephone (Mobile)
Programme/Course		Year Started	Year Completed
Records cannot be released without the written consent of the student. Be sure to sign or type your full name on this form!!			
Student's Signature (required)			Date

TYPES OF REQUESTS	
<input type="checkbox"/> Mail	<input type="checkbox"/> Pickup (Photo ID required)
<input type="checkbox"/> <b>Student Letter</b> (This letter states that you are a student at TTHTI, name and duration of your programme.) <input type="checkbox"/> TO WHOM IT MAY CONCERN <input type="checkbox"/> IMMIGRATION LETTER <input type="checkbox"/> EXTERNSHIP LETTER <input type="checkbox"/> Other (the person it is being sent to): Name _____ Address _____ <input type="checkbox"/> Other (the person it is being sent to): Name _____ Address _____	<input type="checkbox"/> <b>Income Tax Letter</b> Year _____ Semester <input type="checkbox"/> 1 <input type="checkbox"/> 2 Year _____ Semester <input type="checkbox"/> 1 <input type="checkbox"/> 2 • Did you benefit from the Dollar for Dollar/ G.A.T.E. programs? <input type="checkbox"/> YES <input type="checkbox"/> NO Year _____ Semester <input type="checkbox"/> 1 <input type="checkbox"/> 2 Year _____ Semester <input type="checkbox"/> 1 <input type="checkbox"/> 2 • Did you live in T.T.H.T.I.'s residence halls? <input type="checkbox"/> YES <input type="checkbox"/> NO Year _____ Semester <input type="checkbox"/> 1 <input type="checkbox"/> 2 Year _____ Semester <input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> <b>Original Grade Slip (replacement)(\$ 5.00)</b> Year _____ Semester _____	<input type="checkbox"/> <b>Student Copy of Transcript</b>
<input type="checkbox"/> <b>Certificate Replacement (\$ 150.00)</b> (Ask the Student Services Officer about the length of time for fulfilment of this request)	<input type="checkbox"/> <b>Student ID Replacement (\$ 100.00)</b>
<input type="checkbox"/> <b>VISA Letter</b> (Same as the student letter except it is addressed to the relevant embassy) <input type="checkbox"/> Canadian <input type="checkbox"/> American <input type="checkbox"/> British <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> <b>Other (please specify)</b> _____ _____ _____
<p><b>Please pay to the Finance &amp; Admin. Dept. (ALL FEES are subject to change.)</b></p>	<p>Note: Letters may be ordered by, or released to, a third party only if written authorization is obtained from the student.</p>

<b>FOR OFFICE USE ONLY</b>	
Sent/Issued By: _____	Date: _____