



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

Official Transcript Request

PLEASE PRINT LEGIBLY TO AVOID DELAY IN PROCESSING

FEES: \$50 each (Local), \$75 each (International) payable to the Finance & Administration Department.

(Please note that all fees are subject to change)

| 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) | |

| ACADEMIC INFORMATION (All Required) | | |
|-------------------------------------|--------------|----------------|
| Program | Year Started | Year Completed |

| | | |
|---|--|---|
| <input type="checkbox"/> Hold For: (Tick appropriate box where applicable) <input type="checkbox"/> Final Grades <input type="checkbox"/> Degree/Diploma Conferred <input type="checkbox"/> Grade Change/Outstanding Grades Course _____ Semester _____ <input type="checkbox"/> Complete Immediately (If you select this option, grades for courses that have been recently completed may not be available or approved.) | <input type="checkbox"/> Mail | <input type="checkbox"/> Pickup (Photo ID required) |
| | FOR OFFICE USE ONLY Received by _____ Amt. Paid \$ _____ Receipt # _____ | |

Records cannot be released without the written consent of the student. Be sure to sign this form!!

| | |
|--------------------------------|------|
| Student's Signature (required) | Date |
|--------------------------------|------|

A transcript will not be issued if you have outstanding accounts with the Institute.

| | |
|---|---|
| Number of Transcripts Required <input type="checkbox"/> 1 <input type="checkbox"/> 2 Note: Transcripts may be ordered by, or released to, a third party only if written authorization is obtained from the student. <input type="checkbox"/> Home Address | RECIPIENT #1 Name _____ Address _____ _____ |
| | RECIPIENT #2 Name _____ Address _____ _____ |
| | FOR OFFICE USE ONLY Sent/Issued By: _____ Date: _____ |