



**SHORTWOOD TEACHERS' COLLEGE**  
**Transcript Request Form**  
 Telephone: 1-876-924-1095-7; Fax: 1-876-969-5440

<b>OFFICIAL USE ONLY</b>
Date Received: _____
Date Processed: _____

**NAME OF APPLICANT:**

(as used in College)

\_\_\_\_\_  
 SURNAME FIRST MIDDLE

\_\_\_\_\_  
 MARRIED NAME

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DD MM YYYY

Years Attended: \_\_\_\_\_ to \_\_\_\_\_

Area(s) of Specialization: \_\_\_\_\_

Number of copies needed: \_\_\_\_\_

Have you applied for a transcript before? \_\_\_\_\_

**OFFICIAL TRANSCRIPT** – Please indicate the **Name, Department, Faculty** and **Address** of the **Institution(s)** to be placed on the envelope for mailing.

- |  |  |
|--|--|
| <p><b>1.</b> _____<br/>         _____<br/>         _____<br/>         _____<br/>         _____</p> | <p><b>2.</b> _____<br/>         _____<br/>         _____<br/>         _____<br/>         _____</p> |
|--|--|

**NOTE: The Applicant is responsible for the correct address and the transcript will be mailed accordingly.**

**UNOFFICIAL TRANSCRIPT** – This transcript **cannot** be sent or given to an Institution and will be stamped Student's Copy. Please indicate the **Name** and **Address** of the **Student** requesting this transcript.

\_\_\_\_\_  
 \_\_\_\_\_

Transcript to be **mailed**  or **collected**  Date of Request: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Contact TelephoneNo.: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

**COST PER TRANSCRIPT:**

Collected: **JMD\$350.00**  Posted Locally: **JMD\$500.00**  Posted Overseas: **JMD\$750.00; US\$10.00**

**PREPARATION TIME FOR TRANSCRIPT:**

**REGULAR:** 10-12 BUSINESS DAYS  **\*EXPRESS:** 5 BUSINESS DAYS \*(Attracts an additional   
**JMD\$200.00; US\$2.00)**

Date & Signature Upon Collection: \_\_\_\_\_