Brown's Town Community College

Student Records Office

1 Huntley Road, Brown's Town, St. Ann
Telephone 975 – 2339/2457 Ext. 5513 or 5550

GENERAL REQUEST FORM *(PLEASE PRINT CLEARLY)*

- **Transcripts are processed within 10 working days**
- **Incomplete forms will not be processed and your HANDWRITTEN signature is required**
- **Transcripts will ONLY be sent to employers or accredited educational institutions**
- **Requests may not be honoured until all financial and/or administrative obligations to the college have been met**

Request Type: **[ ] Transcript [ ] Embassy Letter [ ] Academic Status Letter [ ] Financial Status Letter**
[ ] Progress Report [ ] Recommendation (From _____)
Preferred Recommender

[ ] Other _____

Number of Copies Required: _____ Delivery Method: [ ] Pick up [ ] Fax [ ] Regular Mail [ ] Courier

Personal Data

Student's Name: _____ **ID#** _____
Last First MI

Name while enrolled: _____ **Date of Birth:** ____/____/____
(If different from above) Last First MI DD MM YY

Address: _____

_____

_____ **Telephone:** _____

E-Mail _____

Academic Data

Period(s) of Attendance: From_____ To_____ AND From_____ To_____ AND From_____ To_____

Programme(s) of study: _____

_____

Graduation date(s) (if applicable) **:** _____

Credential(s) received: [ ] Certificate [ ] Diploma [ ] Associate Degree [ ] Other _____

Institution/Organization(s) to which requested document(s) is/are to be sent:

1. **Name:** _____

   Address: _____

   _____

   _____

   Telephone: _____ **Fax:** _____

   E-Mail _____

2. **Name:** _____

   Address: _____

   _____

   _____

   Telephone: _____ **Fax:** _____

   E-Mail: _____

3. **Name:** _____

   Address: _____

   _____

   _____

   Telephone: _____ **Fax:** _____

   E-Mail: _____

I authorize Brown's Town Community College to release the information requested to the name(s) and address(es) and/or Facsimile number(s) indicated above.

_____ _____

Signature **(in ink)** Date

FOR OFFICE USE ONLY

SUBMISSION

Receipt# _____ Received by _____ Date _____

VERIFICATIONS

[ ] No fees outstanding [ ] no outstanding administrative obligations

[ ] Fee Outstanding $_____ Type_____

[ ] Outstanding Administrative Obligation _____

Checked By _____ Date _____

VALIDATION

[ ] Fees Paid Amount $_____ Receipt # _____ Date _____

[ ] Other Obligations Met **Notes** _____

Verified By _____ Date _____

PREPARATION AND DISPATCH

Notes _____

Prepared by _____ Date _____ Date picked up or mailed _____