



SHORTWOOD TEACHERS' COLLEGE
 77 Shortwood Road
 Kingston 8
 Telephone: 1-876-924-1095-7 | Fax: 969-5540
 Email: registry@shortwood.edu.jm
TRANSCRIPT REQUEST FORM

NAME OF APPLICANT AS USED IN COLLEGE

SURNAME	FIRST NAME	MIDDLE NAME
MARRIED NAME	DATE OF BIRTH (DD/MM/YYYY)	ID#

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

1. _____

2. _____

NOTE: The applicant is responsible for the correct address and the transcript will be mailed accordingly. **The copy can only be collected if it is requested along with an Unofficial (Student's) copy of your transcript.**

AREA OF SPECIALIZATION

<p align="center">SECONDARY EDUCATION</p> <hr/> <p align="center">OPTION</p> <p><input type="checkbox"/> EARLY CHILDHOOD EDUCATION</p> <p><input type="checkbox"/> PRIMARY EDUCATION</p> <p align="center">STATUS</p> <p><input type="checkbox"/> FULL TIME</p> <p><input type="checkbox"/> PART-TIME</p> <p align="center">YEAR ATTENDED</p> <hr/> <p align="center">TO</p> <hr/>	<p>PROGRAMME</p> <p><input type="checkbox"/> B.Ed.</p> <p><input type="checkbox"/> B.Ed. (ADVANCED CREDIT)</p> <p><input type="checkbox"/> B.Ed. Primary</p> <p align="center"><input type="checkbox"/> (LA/SS) <input type="checkbox"/> (MS)</p> <p><input type="checkbox"/> B.Ed. Transition Oriented</p> <p><input type="checkbox"/> POST GRAD DIPLOMA (PROFESSIONAL STUDIES)</p> <p><input type="checkbox"/> DIPLOMA</p> <p><input type="checkbox"/> CERTIFICATE</p> <p><input type="checkbox"/> COS PROGRAMME</p> <p><input type="checkbox"/> ASSOCIATE DEGREE</p> <p><input type="checkbox"/> CITE</p>	<p>Have you applied for a transcript before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>No. Copies _____</p> <p>Transcript to be <input type="checkbox"/> Emailed <input type="checkbox"/> Mailed <input type="checkbox"/> Collected</p> <p>Applicants Telephone# _____</p> <p>Applicant's Email Address _____</p>
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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.

TO AN INSTITUTION		STUDENT'S COPY	
REGULAR 10-12 BUSINESS DAYS	EXPRESS 5 BUSINESS DAYS	REGULAR 10-12 BUSINESS DAYS	EXPRESS 5 BUSINESS DAYS
Collected \$2,000	Collected \$2,200.00	Collected \$ 500.00	Collected \$700.00
Mailed (Inland) \$2,000.00	Mailed (Inland) \$2,200.00	Mailed (Inland) \$2,000.00	Mailed (Inland) \$2,200.00
Mailed (Overseas) \$2,500.00	Mailed (Overseas) \$2,700.00	Mailed (Overseas) \$2,500.00	Mailed (Overseas) \$2,700.00
USD \$20.00	USD \$22.00	USD \$20.00	USD \$22.00
Email \$150 Additional	Email \$150 Additional	Email \$150 Additional	Email \$150 Additional

RECIPIENT'S SIGNATURE: _____ DATE REQUESTED: _____