G.C. FOSTER COLLEGE OF PHYSICAL EDUCATION & SPORT

ANGELS SPANISH TOWN P.O., ST. CATHERINE

Tel: 748-2328/748-3227/981-0977 / Fax: 748-0625

TRANSCRIPT REQUEST FORM

Instructions: *Complete this form with all applicable information. Fee payment and student signature are both required at the time of transcript request. Request by persons other than the student will not be honoured without the student's written authorization. Forms that are not completely filled out will result in a delay in releasing your transcript.*

STUDENT INFORMATION

_____ _____ _____

LAST NAME **FIRST NAME** **MIDDLE NAME**

ID NUMBER: _____ **DATE OF BIRTH** _____
(MONTH/DAY/YEAR)

NATIONALITY: _____ **TELEPHONE #:**_____

PROGRAMME

				P/T	F/T
DEGREE	☐	_____	_____	☐	☐
DEGREE (4 Year)	☐	_____	_____	☐	☐
PRE- DEGREE	☐	_____	_____	☐	☐
DIPLOMA/POST-CERT	☐	_____	_____	☐	☐
SPORT FITNESS INSTRUCTION	☐	_____	_____	☐	☐
SPORT MASSAGE THERAPY	☐	_____	_____	☐	☐
CERTIFICATE	☐	_____	_____	☐	☐
		DATE OF 1st ADMISSION	**DATE OF COMPLETION**		

ACADEMIC STANDING

1ST YEAR ☐ **2ND YEAR** ☐ **3RD YEAR** ☐ **4TH YEAR** ☐ **5TH YEAR** ☐ **6TH YEAR** ☐ **GRADUATE** ☐

METHOD OF DELIVERY

MAIL ☐ **FEDEX** ☐ **FAX** ☐ **PICK UP** ☐ **NUMBER OF COPIES**……

ADDRESS FOR MAILED TRANSCRIPT ……

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Please note the following:

1. ***The charge for an official transcript is $1000.00.***
2. ***Clearance must be received from the library and the accounts department.***
3. ***Official transcripts are not issued for those persons who are indebted to the College until such indebtedness is paid.***
4. ***Transcript requests will be processed within 5-10 working days of receipt of the request.Express transcript will be processed 1-3 working days.***
5. ***Cost for transcript to be FEDEX will be borne by the student.***

I authorise GC Foster College to release my academic transcript as instructed on this form.

SIGNATURE (required) …….. **DATE** ……..

FOR OFFICIAL USE ONLY

Clearance must be stamped by the respective department

FEES OUTSTANDING_____

ACCOUNTS_____ ***LIBRARY***_____

Signature & Stamp *Signature & Stamp*

PREPARED BY ..... **CHECKED BY**.....

DATE TRANSCRIPT WAS SENT..... **SIGNATURE**.....