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TRANSCRIPT REQUEST FORM

- Request must be made in writing; telephone requests are not accepted.
- All financial obligations to the school must be satisfied. Failure to fulfill this requirement will result in the **non-processing** of the transcript.
- Cost: JA\$1,350 (regular) or JA\$1,850 (express).
- Cash, Manager's cheques or credit/debit card payments are accepted.
- For additional transcripts, please complete separate forms.
- Allow Ten (10) working days for regular transcript production or three (3) working days for express transcript production.

Name:					
Address:					
Email Address:					
Telephone Number(s):					
College ID:					
Signature:		Date:			
□ M.Div. □ Denomin			te if you were: tional Sponsored ent		Last date you attended:
0 11 11	e inc	licate payment a	amount:	Please ente	er Cheque #
SEND TRANSCRIPT TO					
Name of Organisation/Institution:					
To the Attention of:					
Address:					
City, State, Zip					
FOR OFFICE USE ONLY: Date Received: Financial Approval: Date Issued:					