



THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS, BARBADOS

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**TRANSCRIPT REQUEST FORM**

**Student Id #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**I am/was in attendance at the University of the West Indies, Cave Hill Campus under the name:**

**Mrs/Ms/Mr** \_\_\_\_\_

**Faculty:** \_\_\_\_\_ **Period:** \_\_\_\_\_ **I graduated** [ ] **I did not graduate** [ ]

**Faculty:** \_\_\_\_\_ **Period:** \_\_\_\_\_ **I graduated** [ ] **I did not graduate** [ ]

**STUDENT COPY** [ ] **No of copies** \_\_\_\_\_ **OFFICIAL COPY** [ ] **No of copies** \_\_\_\_\_

**PLEASE PRINT CONTACT NAME AND MAILING ADDRESS OF INSTITUTION/UNIVERSITY**

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
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**Fax:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please process this request:**

[ ] by deadline date \_\_\_\_\_ [ ] after grades are declared official [ ] after degrees are posted

**To obtain:**

- [ ] I will collect my transcript/s [ ] Please mail my transcripts to me in a sealed tamper-proof envelope
- [ ] Please mail my transcript/s to the Institution/University above
- [ ] Please Fax (Fax Charges Apply) [ ] Please send via Courier Service (Courier Charges Apply)
- [ ] I have included an attachment

I authorize \_\_\_\_\_ to pick up my transcript/s.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**My Mailing Address is:**

\_\_\_\_\_  
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**(OFFICIAL USE ONLY)**

Amt paid \$ \_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_

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