



SACRED HEART JUNIOR COLLEGE

OFFICE OF THE REGISTRAR

EMAIL the REGISTRAR: laura@shc.edu.bz, melissa@shc.edu.bz

Or visit Our Website: <http://www.shc.edu.bz>

REQUEST FOR TRANSCRIPT

Instructions: Please provide the information requested in print, make payment at the Accounts Department and return the completed application to the Office of the Registrar along with receipt.

A. Personal Information

Mr. Ms. Mrs.	LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID
DATE OF BIRTH (DD/MM/YY)		EMAIL:		
Street		City/Town		
District		Country		
Home Phone		Mobile		
CURRENT PLACE	OF EMPLOYMENT	TELEPHONE NUMBER	PLACE OF EMPLOYMENT	
NAME AS IN SHJC RECORDS:	LAST NAME	FIRST NAME	MIDDLE NAME	

B. Enrollment Information

Currently Enrolled:	YES	NO	If yes, provide program enrolled at SHJC:	
Completed Degree:	YES	NO	If yes, Program Conferred:	Year:

C. Type of Transcript Requested:

Official transcript (\$10.00)(48 hours)	Received By:
Official same day transcript (24Hrs): (\$20.00)	
No. of Copies: _____	Date Received (dd/mm/yr):

D. I understand that the transcript(s) will be ready 2 work days after the submission of the request form and that I will receive my transcript(s) until all financial obligations to Sacred Heart Junior College have been met.

Applicant's Signature

Date Requested

E. For Official Use Only

ACCOUNTS DEPARTMENT	SHJC REGISTRARS OFFICE
Applicant has met all financial obligations to Sacred Heart Junior College	Applicant's transcript has been reviewed by Registrars Office
Accounts Department	Registrar/Assistant Registrar
Receipt No.	Date Reviewed

**PLEASE NOTE: Transcript requested by Fax ARE NOT accepted EXCEPT in the case of an emergency. Sacred Heart Junior College reserves the right to determine what constitutes an "emergency."
TRANSCRIPT REQUESTS VIA TELEPHONE ARE NOT ACCEPTED.**