

University of the Southern Caribbean
PO Box 175, Port of Spain, TRINIDAD

TRANSCRIPT REQUEST

(for students who graduated from, or are currently pursuing a USC degree)

THIS FORM MUST BE SUBMITTED TO THE FINANCE OFFICE FOR FINANCIAL CLEARANCE

Name: _____ Date of Request: _____

USC ID#: _____ Date of Birth: _____

Address: _____

Phone #: _____ E-mail Address: _____

PLEASE NOTE THE FOLLOWING-Transcripts cost \$ 30.00 Next Day Service \$60.00

Number of Copies: _____ Program of Study: _____

Date of admission: _____ Date of Graduation/withdrawal: _____

Name and address of person making the request if not student _____

Transcripts to be sent to: (please PRINT complete names and addresses)

1. _____

2. _____

Signature _____

FOR OFFICIAL USE ONLY:

Receipt #: _____ Financial Clearance: _____

Date Transcript Mailed: _____ Comments: _____