



LONG BAY SCHOOL

Forest Drive, Marsh Harbour
 P.O. Box AB20377, Abaco, Bahamas
 Tel: (242) 367-2376
 Fax: (242) 367-2381

TRANSCRIPT REQUEST FORM

Student Information	
First Name:	Date of Birth: Day _____ Month _____ Year _____
Middle Name:	Year Graduated/Withdrawn:
Last Name:	Month & Year of enrolment Month _____ Year _____
Street Address	City, Country:
Address Continued:	Postal/Zip Code:
Phone Number:	E-mail:

Transcripts to be mailed to:	
Institution Name:	Full Mailing address:
Addressed To:	City, Country:
Phone Number:	Postal/Zip Code:
Fax Number:	E-mail:

Processing Fees		
	Standard processing (5-bus days)	\$25.00
	Rush processing (48 hrs)	\$50.00

Postage Fees		
	Standard Mail	FREE
	Intl. Courier fee	\$75.00

Student Authorization		
Transcripts are NON-REFUNDABLE and payment is required before processing.		
I authorize the release of my official transcript as indicated.		
_____	_____	_____
(Date)	(Parent/Student Name) – Please print	(Parent/Student Signature)

FOR OFFICE USE ONLY To be completed by Long Bay Staff					Required documents on file
Request Received by		Payment Received	Initials _____	Receipt Number: _____	Birth Certificate Health Records N.I. Card Passport Transcripts Acct Bal. Clear
Date Received	DD____MM____YY_____	Letter Completed by:	Initials _____	Notes:	