

# TRANSCRIPT REQUEST FORM

**Belize Campus:** Philip Goldson International Airport Road, Ladyville, Belize, Belize - Phone: +501.2800099  
**Phone:** +1.888.772.2925 **Fax:** +1.888.772.7357 **Email:** [registrar@ccu.edu.bz](mailto:registrar@ccu.edu.bz)



## Columbus Central University

CCU

Please complete this form to request an official transcript from Washington University of Health and Science to be sent to the educational institution specified on this form. Transcript requests are normally processed within five to ten business days, however you may request expedited service. The completed form with the student's signature along with related fees may be submitted in person, by mail, by email or fax.

### STUDENT INFORMATION

**1 Full Legal Name:** \_\_\_\_\_  
*Last/Family Name/Surname* *First/Given/Personal* *Middle*

**2 Student ID Number:** \_\_\_\_\_ **Current Enrollment:** \_\_\_\_\_  
*As appears on ID card* *Program - Semester*

**3 Address:** \_\_\_\_\_ ( ) \_\_\_\_\_  
*Number and street or rural route* *Apt. No.* *Area Code* *Phone Number*

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*City or Town* *State* *Country* *Zip Code*

### REQUEST INFORMATION

All copies will be mailed to the address provided. The cost per transcript is \$40 USD to be paid by completing a credit/debit card authorization.

**4 No. of Copies:** \_\_\_\_\_ (Use separate form for each institution)

**5 Where would you like your transcript(s) to be mailed?**

**School's Name:** \_\_\_\_\_ **School's Code:** \_\_\_\_\_  
*Name of Institution* *If available*

**Address:** \_\_\_\_\_ ( ) \_\_\_\_\_  
*Number and street or rural route* *Phone Number*

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*City or Town* *State* *Zip Code* *Country*

Please complete accurate address information for the destination to mail Official Transcript(s) to and indicate the number of copies to be mailed. It is the student's responsibility to provide accurate address information on this form

**FOR OFFICE USE ONLY**

Date	Name	Remarks

**ADDITIONAL INFORMATION**

**6 When would you like your transcripts to be mailed?** *(Check only one)*

*Use a separate form for each request. Please be advised that transcripts may be ordered by, or released to, a third party only if written authorization is obtained from the student.*

- Mail Immediately;
  Mail when current term grades are available;
  Mail when degree awarded;

**7 How would you like your transcript mailed?** *(Check only one)*

*Use a separate form for each request. Please be advised that transcripts may be ordered by, or released to, a third party only if written authorization is obtained from the student.*

- Mail in US w/domestic tracking: \$6.00  
 Mail with Expedited Service & Tracking:
 

U.S.	\$40.00
Canada	\$60.00
All Other International	Will be quoted
- Receive In person on campus: No Charge
- Each Transcript Processing Fee \$40.00  
*(a separate form must be submitted for each agency to be mailed to)*

TOTAL DUE: \_\_\_\_\_

## INSTRUCTIONS & AUTHORIZATION

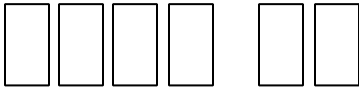
An official transcript will be sent from Washington University of Health and Science listing all credits earned upon the time indicated above. Official transcripts are for educational institution purposes only and are printed on high quality stock paper, containing the CCU seal, and the signature of a certified school official.

- *Transcript Requests must be reviewed and approved by the Office of the Registrar*
  - *CCU reserves the right to set criteria for transcript requests.*
  - *There is a \$40 processing fee for each official transcript request. Must be paid at the time of transcript request by completing and submitting a Credit/Debit Card Authorization (see attached form).*
  - *Fee payment and student signature are both required at time of ordering Official Transcript(s).*
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**8 AUTHORIZATION:** I am/was a student of Washington University of Health and Science and I hereby authorize the school to send my official transcript(s) to the educational institution specified in this form. I have read and understand the aforementioned instructions. I fully acknowledge that my official transcript(s) will only be released upon approval of this Transcript Request Form, duly filled and submitted along with the required fees. I understand transcript(s) will not be issued if my student file is not in "Good Financial Standing."

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





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**(In US Dollars)**

I AGREE TO PAY ABOVE AMOUNT ACCORDING TO CARD ISSUER AGREEMENT

Being the cardholder, by signing below I understand and agree to pay, and specifically authorize American Academic Services and Technology to charge the credit/debit card account for the university services provided. I have received and accept the current charges applied to student's account. I further agree that when paying for this service and receiving the service requested, this payment is not eligible for chargeback and/or reversal of payment.

*\*By Signing, you authorize the above credit/debit/ACH debit transaction*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**YOUR RECEIPT will reflect: American Academic Service and Technology**