

Office Use Only:
Transcript Sent:
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School Rep:
Sent Via:
Mail Picked Up
Student Withdrew

TRANSCRIPT REQUEST FORM

Send this completed form, along with a copy of your ID to <u>sactranscript@sac.edu.bs</u>, and allow 5 business days for processing. **Grade 12 students are allowed three free transcripts.** Additional copies are \$5 each and must be paid in advance. See banking information below.

Name while attending St. Augustine's College (if differ			
Name with attenuing St. Augustine's Conege (if unit-		ant nama)	
	tent mom cum	ent name)	
Current Address	City	State/Country	Zip/Postal Code
Home Phone Number	Cell Phone Number		
Graduation Year Date of Birth	of Birth Email Address		
Student Signature/Parent Signature if applicant is without signature)	s still a stude	ent (Request will not	be processed
Please select one:			
Student Copy (Unofficial Transcript)	Will pick up Send via email (unofficial transcripts only) Mail to my home address above Mail to address below		
Official Transcript			
Please provide complete school/organization nar	me and addr	ess:	

Banking Information:

Name on account: St. Augustine's College

Bank: First Caribbean International Bank (Bahamas) Limited

Branch: Harbour Bay (Nassau, Bahamas)

Bank Code: 010-09121

Account Number: 1235055

Please indicate purpose for funds when making transfer. Also, provide proof of payment by sending a screen shot (photo) of the completed payment.