

CARIBBEAN EXAMINATIONS COUNCIL

REQUEST FOR CERTIFYING STATEMENT (TRANSCRIPT)

Name (at time of examination): _____
SURNAME
FIRST
MIDDLE

Current Address: _____
DATE OF BIRTH: _____

E-MAIL ADDRESS: _____ SEX: Male () Female ()

Tel. Nos.: (Home): _____ (Mobile): _____

Kindly ensure that you indicate the **CORRECT year(s) in which the examinations were written*

YEAR	LEVEL <small>(CCSLC/ CSEC/CAPE)</small>	MONTH <small>(Jan/June)</small>	CXC REGISTRATION NO.	NAME OF SCHOOL/INSTITUTION	COUNTRY

Transcripts will ONLY be sent to Educational Institution(s)/Prospective Employer(s).

Name(s) and Address(es) of Educational Institution(s)/Prospective Employer(s):

(1) _____

(2) _____

Date: _____ Signature: _____

N.B: FEES :

BDS\$25.00 (US\$12.50) for each transcript per year and per institution. Transcripts are processed in THREE WEEKS.

For transcripts to be completed and dispatched within ONE WEEK – An additional BDS\$35.00(US\$17.50)

For transcripts to be completed and dispatched NEXT DAY – An additional BDS\$50.00 (US\$25.00)

If faxed copies are required please provide the full fax number.

All transcripts are sent by REGISTERED MAIL. For transcripts to be sent by COURIER, an additional BDS\$80.00 (US\$40.00) should be paid.

Please note that fees being paid by persons outside of Barbados should be paid by BANK DRAFT/INTERNATIONAL MONEY ORDER made out to “The Caribbean Examinations Council, The Garrison, St Michael BB 14038, Barbados”.