

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) or Prospective Employer(s). If faxed copies are required please also provide the full fax number and recipient name.*

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

(1) _____

(2) _____

Date: _____ Signature: _____

FEES:

BDS\$35.00 (US\$17.50) for each transcript per sitting (year/month) and per institution. Transcripts are normally processed in **THREE WEEKS**. Expedited processing is available for an additional fee as below:

- dispatch within **ONE WEEK** – an additional BDS\$35.00 (US\$17.50)
- dispatch within **THREE WORKING DAYS** – an additional BDS\$50.00 (US\$25.00)

A non-refundable search fee of BDS\$10.00 (US\$5) is applicable for sittings between 1979-1997

DELIVERY METHOD:

All transcripts are sent by **COURIER** at a cost of BDS\$80.00 (US\$40.00) per institution for international recipients and BDS\$30 per institution for recipients in Barbados. This fee should be included in your order.

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”.