



Office of Registrar
73 Marshall Road
P. O. Box N-356
Nassau, Bahamas
Telephone: (242) 461-2100
Email: registrar@bahamasacademy.org

TRANSCRIPT REQUEST FORM

PLEASE PRINT CLEARLY

DATE OF REQUEST: ____ / ____ / ____
MM DD YYYY

FULL NAME: _____
LAST FIRST MIDDLE

DATE OF BIRTH: ____ / ____ / ____ NIB #: _____ PHONE #: _____
MM DD YYYY

FIRST DATE OF ENROLMENT: ____ / ____ LAST DATE OF ENROLMENT: ____ / ____
MM YYYY MM YYYY

CURRENT ADDRESS: _____
STREET HOUSE/APT. #

P.O. BOX CITY COUNTRY ZIP CODE

EMAIL ADDRESS: _____

STATUS:

CURRENT STUDENT: ____ GRADE GRADUATED: ____ / ____ WITHDREW: ____ / ____
MM YYYY MM YYYY

REASON FOR TRANSCRIPT:

COLLEGE APPLICATION EMPLOYMENT TRANSFER PERSONAL

NUMBER OF COPIES: _____ FEE DUE: _____

Address to which transcript should be sent:

Signature of Applicant: _____ Signature of Parent: _____

For Business Office Only

Financial Hold: Yes No

Signature: _____

For Registrar Only

Date Issued: ____ / ____
MM YYYY

Signature: _____