



THE COLLEGE OF THE BAHAMAS
RECORDS DEPARTMENT

TRANSCRIPT REQUEST FORM

Attn: Transcripts

P.O. Box N-4912
Telephone: (242) 302-4360
(242) 302-4312
Fax: (242) 302-4395
Email: records@cob.edu.bs

Please read carefully. Fill out completely, pay at Business Office, and return the white copy to the Records Department

Last Name _____ First Name _____ Middle Initial _____ Maiden Name _____

Student ID# _____ Birthday (mm/dd/yyyy) _____ Phone Contacts _____

Address 1 _____

Address 2 _____

Email Address _____

Are you currently enrolled at COB? Yes No Previous institution— SSTC, BTC, CRW, BHTC (Please circle)
If not currently enrolled, last semester of enrollment? _____ Year Graduated (if applicable) _____

TYPE OF TRANSCRIPT Unofficial Official

Please indicate where you want the transcript sent:
 Send now Hold for current semester grades Hold until degree date is reflected Hold for grade change
 Other instructions _____

Where and to whom will the transcript(s) be sent:

Name _____

Address _____

Transcripts are sent by regular mail unless otherwise requested.

Additional fee(s) apply for the following services.

Courier Services (NOTE – Courier services are not available to P.O. Box Addresses – Street addresses are required)

Fax to No. _____ (fax and destination address must be same as recipient)

Transcript request will not be processed for students with 'Holds' on their record.

FOR BUSINESS OFFICE USE ONLY

1st Transcript @ \$5.00 _____
Each additional transcript @ \$3.00 _____
Fax _____ Courier _____
Total Paid _____

Student Signature

Signature of College Official: _____

PowerCampus updated:

White Copy – Records Department

Pink Copy – Business Office

Blue Copy – Student