



GALEN
UNIVERSITY

Office of the Registrar

• 63 ½ George Price Highway • Cayo District • Belize
• Tel: (501) 824 - 3226

Transcript Request Form

Student Name and Address Information

Full Legal Name: _____
Last Name First Name Middle Maiden Name

Current Mailing Address: _____
Number and Street Town/ City District/ State Zip Country

Student ID Number: _____ Program: _____ Tel. No.: _____

Transcript Type and Special Instructions (check/complete all that apply)

Quantity needed: _____ Standard Official - \$20.00 (each) Expedited Official - \$30.00 (each)

To be received in person

To be mailed

To be sent electronically to University, Employer, etc.

Hold until current semester grades are posted

Hold until degree is posted

Recipient Mailing Address

Kindly provide the complete address. A separate form must be completed for each request.

Name and/or Title: _____

Name of University/College/ Business: _____

Mailing Address: _____
Number and Street Town/ City District/ State Zip Country

Email Address: _____

Purpose for request (please check one)

Scholarship/grant

Guest at other University

Enrollment verification

Other

Employment verification

Degree completion

Personal

Transferring

Graduate program

University of Indianapolis

Kindly Note: All financial obligations to the University must be paid before any transcript(s) are released.

Student Signature (required for release of information) _____ Date: _____

For Office Use Only:

Method of Payment (Note: Payment must be received in full prior to release of transcript)

Bank Deposit Amount: _____

Credit Card Charge Amount: _____

Mailing Fee: _____

Mailing Fee: _____

Finance Officer's Signature: _____ Date: _____

Registrar's Office Use Only: Request Date: _____ Date Completed: _____ By: _____