



GALEN
UNIVERSITY

Office of the Registrar

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

Transcript Request Form

****Email completed form to records@galen.edu.bz and finance@galen.edu.bz along with proof of payment.
****Contact our Finance Office at finance@galen.edu.bz for mailing cost.
****Payments are to be made to our **Galen University Limited** Atlantic Bank Limited account # 100-166-491.

Your name as it appears on our records:

_____	_____	_____	Date of Birth: _____
Last Name	First Name	Middle Name	(DD/MM/YYYY)
Student ID Number: _____	Program: _____	Tel. No.: _____	

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

- ☐ Standard Official - \$20.00 (each)
☐ Expedited Official - \$30.00 (each)

Quantity needed: _____ ☐ Standard (3-5 working days) ☐ Expedited (same day; request received by noon)

Recipient Information (select one option)

☐ **To be mailed to:**

Name and/or Title: _____

Name of University/College/ Business: _____

Mailing Address: _____

Number and Street Town/ City District/ State Zip Country

☐ **To be sent electronically to university, employer, etc. to:**

Email Address: _____

☐ **To be picked up/received in person** (must be retrieved within 90 days)

Purpose for request (please check one)

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Scholarship/grant | <input type="checkbox"/> Guest at other University | <input type="checkbox"/> Enrollment verification | <input type="checkbox"/> Transferring |
| <input type="checkbox"/> Employment verification | <input type="checkbox"/> Degree completion | <input type="checkbox"/> Graduate Program | <input type="checkbox"/> Personal |

Note: All financial obligations to the University must be paid before any documents are released.

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

For Office Use Only:

Method of Payment (Note: payment must be received in full prior to the release of documents)

Total Bank Deposit/Credit Card Charge Amount: _____ Finance Officer's Signature: _____ ☐

Mailing Fee: _____ Date: _____

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