



Transcript Request Form

**Email the completed form along with proof of payment to finance@galen.edu.bz and CC records@galen.edu.bz

**Contact our Finance Office at finance@galen.edu.bz for mailing costs.

**Payments are to be made to our Galen University Limited Atlantic Bank Limited account # 100-166-491

Student Information:

Full Name (as it appears on Galen Records): _____					
Date of Birth: _____		Student ID: _____			
Program: _____		Phone Number: _____			
Address: _____					
Street		Town/City	District/ State	Zip	Country

Type of Transcript:

- Standard Official- \$20.00 BZ per transcript (within 3-5 business days)
- Expedited Official- \$30.00 BZ per transcript (within 24 hours of request)

Note:** A separate form must be completed for each additional transcript requested.

Method of Delivery and Instructions (check one):

- To be received in person
- To be sent electronically

Email Address: _____

- To be mailed

Recipient Mailing Address:

Name and/or Title: _____

Name of University/College/ Business: _____

Mailing Address: _____

Street Town/City District/ State Zip Country

Note:

** An additional mailing fee may apply for the mailing method

**Financial obligations to Galen University must be met for the release of any transcript(s) requested.

Student Signature: _____

Date: _____

Finance Office Use Only:

Bank Deposit Amount:	Credit Card Charge Amount:
Mailing Fee:	Mailing Fee:
Finance Officer (Print Name:)	
Finance Officer Signature:	Date:

Registrar's Office Use Only:

Request Date:	Date Completed:	By:
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