



# Bahamas Institute of Business and Technology

## Transcript Request Form

(Please allow up to ten (10) business days for processing)

Select the type of transcript	<input type="text"/>
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*Official Transcripts are delivered directly to the receiving institution. No official transcript is given to students.*

### Personal Information

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>
Student No:	<input type="text"/>	Major:	<input type="text"/>		
	Number of Credits Earned:	<input type="text"/>	Last Term/Year attended:	<input type="text"/>	
Work Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>	Home Phone	<input type="text"/>
Give current address	<input type="text"/>				

### Enter the address to which the transcript is to be sent

To the attention of:	<input type="text"/>				
Organization	<input type="text"/>				
Street	<input type="text"/>	P O Box	<input type="text"/>		
Island/State/Province	<input type="text"/>	Zip Code	<input type="text"/>		
Country	<input type="text"/>				
	<input type="text"/>				

Signature:	<input type="text"/>	Date:	<input type="text"/>
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(Once the form is completed, please sign, save and email to [admin@bibtbahamas.com](mailto:admin@bibtbahamas.com)) **Do Not Scan Form**

### For Official Use Only

Amount Paid:	<input type="text"/>
Receipt Number:	<input type="text"/>
Prepared By:	<input type="text"/>
Date Sent:	<input type="text"/>