



BARBADOS INSTITUTE OF MANAGEMENT AND PRODUCTIVITY

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TRANSCRIPT REQUEST FORM

Official Copy Student Copy Provisional Grade Letter

National Registration #: Date of Birth: / / Attended From: (Year) To (Year)

Last Name: First Name: Middle Initial:

Former/Maiden Name: (If applicable)

Address1:

Address2:

Parish: Postal Code: Country:

Home Phone: Cell Phone:

Programme of Study: Regular (3-month, BCMS, BDMS, BBA) Small Business Short Term Training

PLEASE SEND A COPY OF MY TRANSCRIPT TO THE FOLLOWING ADDRESS: (REQUIRED) Information:

Name of Employer/ College/University: 1. A fee of \$10.00 is charged for provisional grade letters.

Attention: 2. A fee of \$25.00 is charged per transcript copy. Rush processing is an additional \$10.00 per copy.

Street Address1: 3. Transcript fees MUST be paid in order for processing to commence.

Street Address2: 4. All outstanding matters MUST be settled prior to the processing of transcripts.

Parish/City: 5. All fees are payable to: BIMAP

State: Zip or Postal Code: Country: 6. Transcripts will be sent by MAIL. No transcript will be emailed or faxed.

PROCESSING OPTIONS Regular Processing Please allow 5 business days for processing

Rush Processing By Courier Please allow 2 business days for processing.

NOTE: A separate form is required for EACH mailing address

SIGNATURE: DATE:

YOUR SIGNATURE AUTHORIZES THE RELEASE OF YOUR INFORMATION FOR OFFICIAL USE ONLY

PAYMENT INFORMATION Amount Paid: \$ Cash Cheque

Receipt No.: Debit Card Credit Card

Date Paid Cashier's Signature: