



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:                      To                      (Year)                      (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)**

Name of Employer/  
College/University:

Attention:

Street Address1:

Street Address2:

Parish/City:

State:                      Zip or Postal Code:                      Country:

Email Address:

**PROCESSING OPTIONS**

Regular Processing                      Please allow 5 business days for processing

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

- Information:**
1. A fee of **\$10.00** is charged for provisional grade letters.
  2. A fee of **\$25.00** is charged per transcript copy. There is an additional **\$10.00** per copy for rush processing.
  3. Transcript fees **MUST** be paid in order for processing to commence.
  4. All outstanding matters **MUST** be settled prior to the processing of transcripts.
  5. All fees are payable to: **BIMAP**
  6. Official Transcripts will be sent by **MAIL** and will be emailed **ONLY** at the request of the receiving institution.
  7. Courier fees where applicable are determined by the courier. An additional administrative fee of **\$10.00** will also apply.

**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: