



Office of the Registrar • 63 ½ Western Highway • Cayo District • Belize
(501) 824 - 3226 • Fax: (501) 824 - 3723

Transcript Request Form

Please Note: All financial obligations to the University must be paid before any transcript(s) will be released.

Name and address information (please print clearly or type)

Full legal Name: _____
Last Name First Name Middle Maiden Name

Current mailing address: _____
Number and Street City State Zip

Student Number: _____ Telephone: _____

Authorized Signature (required before transcript may be released) _____

Mail and Fax Information

(Please provide the complete address. A separate form must be completed for each request.)

Name and/or title _____

Name of Company/Department/School _____

Mailing Address: _____
Number and Street City State Zip

Fax number (for fax requests only) _____ Attention _____

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

Official (printed on transcript paper sealed with the Galen University imprint)

- Mailed or received in person (\$10 US per copy). Quantity needed # _____
- Fax (\$15 US per copy; Official copy also sent via US mail.) Quantity needed # _____

I am currently enrolled: Yes No Date last attended _____ (if applicable)

Hold until current semester grades are posted Hold until degree is posted

Purpose for request (please check one)

- Degree completion Employment verification Enrollment verification Graduate program
- Guest at other University Personal Scholarship/grant Transferring
- University of Indianapolis department Other

Method of Payment (Note: Payment must be received in full prior to release of transcript)

Cash: Amount: _____ Check: Amount: _____ Check number _____

Credit Card: MC VISA Discover Card Number _____ Expiration date _____

Authorized Signature _____

For Office Use Only

Date received _____ Date completed _____ Processed by _____