



COUNCIL OF LEGAL EDUCATION

Eugene Dupuch Law School

APPLICATION FOR TRANSCRIPT

(Please complete form in block capitals and submit to the Registrar)

(One request form for each addressee)

Upon receipt, transcript requests are processed within 5 business days.

Name while attending _____
Date of birth _____
Address _____
City _____
Country _____
Tel: _____
E-Mail address _____
_____ Number of copies of Official
Transcript(s) to be sent to address shown.
Send Transcript to:
Name _____
Address _____
City _____
State, Zip Code _____
Country _____

_____ I will be picking up my Transcript at the
Registrar's Office.

**Transcripts are sent directly to institutions.
Transcripts which are to be collected will be
placed in a sealed, stamped envelope.**

Dates of Attendance _____
From _____ To _____
Student Signature _____
(Must be signed to process request)
Date _____

TRANSCRIPT FEE

**The cost of each transcript is Bah\$15. Cheques,
money orders and cash are accepted and must be
paid in advance. Cheques should be made payable
to the Eugene Dupuch Law School.**

FOR OFFICIAL USE ONLY

Date Request Received : _____
Date Transcript(s) Sent : _____
Amount Paid/Due : _____
Signed: _____