

Ministry of Education Examinations Section

Application Form for Certified Statement and Transcripts CXC, CAPE, GCE and Primary School Leaving

Please use	Block Letters wh	en filling out this f	orm.						
Name as used in ExaminationsSurname					Other Names				
Present Ad	dress:					<u> </u>			
Date of Bir	th:/	(dd/mm/yyyy)	Sex	: Male Female	Phone	No.:)		
Centre(s),	Year(s) and Mont		vas taken)/Transcript(s) is/are and indicate with a t e spaces provided.					
Name of Exam. E.g. CXC, GCE, CAPE, PSLCE etc.	Name of School or Registration Number	Subjects wrote	Year Exam. was taken	Month Exam. was taken	Exam. type e.g. O'Level, A'Level	Day Sch.	Cont. Classes	Private Cand.	
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				in	Edu	са	tio	n!	
I am applyi	ng for: STATEM	MENT	TR	ANSCRIPT					
with your a (a) TTS	pplication form: \$5.00 per Stateme	the following fee(s ent/Transcript (curr nent/Transcript (pre	ent year)		nination	nit you	r receipt a	along	
Receipt Number:			_ Dat	e:	Amount Paid				

Requirements for Postage	of Transcripts to Foreig	n or Local Agencies								
One (1) Registration Sticker valued at TT\$4.50 plus the value of stamps as indicated below: CARIBBEAN: TT\$2.00 LOCAL: TT\$1.00 U.S.A.: TT\$5.00 EUROPE: TT\$5.00										
FOR TWO OR MORE TRANSCRIPTS One (1) Registration Sticker valued at TT\$4.50 plus the value of stamps as indicated below: CARIBBEAN: TT\$5.00 LOCAL: TT\$4.00 U.S.A.: TT\$8.00 EUROPE: TT\$8.00 Please note that ONLY Transcripts will be posted.										
		Disclaimer								
(3) MONTHS of the INFORMATION Education CANNO for non-issue of State provided. Please Note: Passport, Dr.	provided is CORRECT OT guarantee that the appartements/Transcripts resultiver's Permit or Identification.	e availability of document the responsibility of the Γ . Unless these requirem plication will be processe ulting from incorrect or in cation Card must be present of an applicant you are always. (yyy) Signature:	applicant to ensure that ALL ents are satisfied the Ministry of ed. Refunds will NOT be given insufficient information ented for collection of Statements. If required to walk with a letter of							
Date Promised:/	_/ (dd/mm/yyy	y) Signature of C	lerk:							
This is to certify that										
whose Date of Birth is		wrote examin	ations in							
and received the following										
Examination Year	School/Centre	Subjects	Grades Awarded							
Date:		Signature of Research	Clerk:							