

IMMACULATE CONCEPTION HIGH SCHOOL



Transcript Request / Recommendation Form

Request Date: _____

Guidance Counsellor Name: _____

First Name: _____

Middle Name: _____

Surname: _____

Current Student

Past Student

If Current, put grade _____ If Past, put final year of I.C.H.S. _____

Deadline for Transcript Submission to University/College: _____

University or College Information:

(N.B. Transcripts are sent directly to the University/College)

Name: _____

Address (For USA include Zip Code): _____

Email Address: _____

Mode of Transfer:

DHL Postal Email

(N.B. \$2,500.00 JMD per transcript)

Contact Information for individual requesting on the behalf of the student:

Name: _____

Number(s): _____ Email: _____

ICHS May 2024
