



Anguilla Community College

Document Request Form

Please complete the form below to request documents relating to your studies at Anguilla Community College

STUDENT INFORMATION (PLEASE PRINT NEATLY)

STUDENT ID # _____

Surname _____

Name _____

Email Address _____

Contact Number(s) _____

SECTION 1 (PLEASE PROVIDE THE FOLLOWING INFORMATION RELATING TO YOUR STUDIES – PLEASE PRINT NEATLY)

Division which you studied _____

Name of Programme/Course _____

Year in which you enrolled _____

SECTION 2 (PLEASE INDICATE THE DOCUMENT(S) YOU REQUIRE)

	Number of copies	Cost for Service
Official Transcript (Provides a breakdown of the marks you received during your studies and bears the seal and signature of Registrar)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	EC\$ _____
Unofficial Transcript (Provides a breakdown of the marks you received during your studies)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____
Confirmation of Degree (A confirmation of Degree letter confirms the award of your degree, date of award and period of study)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____
Request for curriculum copies (Please indicate number of copies per course. Cost dependent on photocopy fee. Black & white only)*	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____
Letter of recommendation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____
Letter supporting study-leave request	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____
Letter confirming attendance at ACC	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____
How would you prefer to receive your requested document(s)?*	<input type="checkbox"/> In person pickup <input type="checkbox"/> Courier	_____
	<input type="checkbox"/> Email <input type="checkbox"/> Fax	

Send my document(s) to the address below:

Name of Institution: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Contact Phone (required for express deliveries): _____

Email: _____

***Rates for photocopying determined by ACC photocopying policy. Courier rates may vary based on agent.**

Student Signature _____ Date Requested _____

OFFICE OF THE REGISTRAR

Request seen & approved by _____

Signature _____ Date _____