

**TRANSCRIPT ORDER FORM**  
**Registrar's Office**  
**San Pedro High School**  
**P.O.Box 23, San Pedro Town, Belize**

**\$10.00 fee per copy**  
*\*Transcript will be ready in 3 working days after the date requested*

Name: \_\_\_\_\_  
                     First                    Middle                    Last

Contact # (    ) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                             Day            Month            Year

Date of Enrollment: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Current Address: \_\_\_\_\_  
 \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_  
*(If transferred and did not complete the 4 years at SPHS)*

Parent's Name: \_\_\_\_\_

# of Transcripts: \_\_\_\_\_

<b>THIS PART FOR OFFICE USE ONLY</b>	
<b>Date requested:</b>	<b>Date of expected delivery:</b>
<b>Payment:</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>On Delivery</b>	<b>Signature:</b>