



OFFICIAL DOCUMENT REQUEST FORM



Institute of Management Sciences
owners and operators of

COMPLETE SECTIONS I-IV ONLY



Part I Complete this part to indicate the document needed. NB. ONE FORM PER REQUEST

REQUEST FOR: (PLEASE INDICATE IN THE BOX PROVIDED, THE NUMBER OF COPIES NEEDED)

<input type="text"/>	TRANSCRIPT	<input type="text"/>	REPORT	<input type="text"/>	LETTER <i>specify below</i>
<input type="text"/>	COPY OF DIPLOMA	<input type="text"/>	COPY OF CERTIFICATE	<input type="text"/>	OTHER <i>specify below</i>

Details of letter/other _____

Part II Complete this part to show your student and contact information.

1a. Your name (first name, middle initial, and last name)		1b. Title (Mr., Ms., Mrs.)	1c. School I.D.#
2a. Name of Course (if applicable, please specify the group to which you belong)		2b. Year of attendance	
2c. Campus you attended			
3a. Home telephone #	3b. Work telephone #	3c. Mobile telephone #	
4. email address		5. Were you company sponsored? <input type="checkbox"/> Yes <input type="checkbox"/> No name of company :	

Part III Complete this part to show where the document will be sent or who will collect the document.

6.a Name of Institution to be sent to	
6b. Address to be sent to: (LOCAL: no., street, city and parish. OVERSEAS: number, street, city or town, state and zip code, country)	
7a. To be collected by (if applicable) (first name, middle initial, and last name)	7b. Title (Mr., Ms., Mrs.)

Part IV	Signature	Date
Sign here →		

THIS SECTION IS FOR OFFICE USE ONLY

Ai) Date sent (dd/mm/yy)	Aii) sent by /Owner	D) Accounts Department Comments
Bi) Collected by	Bii) Date Sent (dd/mm/yy)	
C) Comments		
		Receipt number