



**OFFICIAL DOCUMENT REQUEST FORM**  
REGISTRY DEPARTMENT | STUDENT FINANCIAL SERVICES DEPARTMENT

**SECTION 1 : DOCUMENT TYPE** \*MANDATORY FIELD

WRITE THE NUMBER OF COPIES NEEDED **▶▶**  Transcript(s)  Letter(s) *specify below*

IN THE APPROPRIATE BOX  Copy of Certificate/Diploma/Degree  Other *specify below*

**SECTION 1 : STUDENT CONTACT INFORMATION** \*MANDATORY FIELD

**\*FIRST NAME**

*(State the exact name used as a student at UCC)*

**\*MIDDLE NAME(S)**   
*(if applicable)*

**\*LAST NAME**

**PHONE** \_\_\_\_\_ (HOME) \_\_\_\_\_ (MOBILE) \_\_\_\_\_ (WORK)

**\*I.D. #** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**SECTION 2 : PROGRAMME INFORMATION**

**PROGRAMME OF STUDY** \_\_\_\_\_ **YEAR(S) ATTENDED** \_\_\_\_\_  
*(Eg: 19XX-20XX)*

**CAMPUS(ES) ATTENDED** \_\_\_\_\_

**SECTION 3 : DELIVERY SERVICE REQUEST** (all services below have a cost implication except the pick-up service)

**MAIL**  Local  Airmail

**COURIER SERVICE**  Local  Overseas

**EMAIL**  \_\_\_\_\_  
*(Recipient's email address here)*

**CAMPUS LOCATION (Pickup)**  
 Kingston  Mandeville  Montego Bay  
 May Pen  Ocho Rios

**DOCUMENT DELIVERY INFORMATION**

**NAME OF RECEIVING INSTITUTION** \_\_\_\_\_ **ADDRESS OF RECEIVING INSTITUTION** \_\_\_\_\_

**RECIPIENT AT RECEIVING INSTITUTION** \_\_\_\_\_

Details of Request \_\_\_\_\_

**OFFICIAL DOCUMENT REQUEST - DATA PROTECTION ACT**

**OFFICIAL DOCUMENT REQUEST FORM**

- Purpose - The purpose of the data is to correctly process an official status letter, transcript for active or inactive students or graduates to include but not limited to research, communication and data analysis.
- Data Use - To identify the student or graduate and locate the student records to complete the processing of the official document.
- Data Retention - Student records are retained seven (7) years after graduation then scanned and destroyed plus 1 year after appeal. The digitised student file is retained indefinitely to support further studies.

**CONSENT AGREEMENT:**

The University of the Commonwealth Caribbean and its affiliated companies respect your privacy. As an institution, we are committed to ensuring that all data collected and retained, is secured and solely used in UCC. Accordingly, we request your consent for the collecting and processing of your data.

Please check the box and sign and date below to indicate your consent

**\*NAME** \_\_\_\_\_ **\*SIGN HERE**  **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm / dd / yyyy

The Form will not be processed without the owner's signed consent.

**FOR OFFICIAL USE ONLY**

**SENT BY** \_\_\_\_\_ **DATE SENT** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm / dd / yyyy

**AMOUNT PAID \$** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

**ACCOUNTS DEPARTMENT COMMENTS**

**RECEIPT NUMBER**