

HAMPTON SCHOOL

 **Malvern P.O., St. Elizabeth, Telephone: 876 966-5161/5163,**

**Email Address:** hamptonschool.high.seh@moey.gov.jm

**TRANSCRIPT REQUEST FORM**

Attn. --------------------------

Re. ----------------------------- (Express or Regular) Transcript Request

I----------------------------- ------------------------------------- hereby give permission to Hampton

School to email ------------------ (no.) copy / copies of my official transcript to the Name

and Address of the institution identified below: ---------------------------------------

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Name while Enrolled: -------------------------------------------------------

Date of Enrolment: -------------------------------------------------------

Grade of Entry: ------------------------------------------------------

Date of Graduation / Exit: ------------------------------------------------------

Email Address of School / Organization to which transcript is to be sent: --------------------------------------------------------

Telephone #: ------------------------------- (Applicant)

 ------------------------------- (School or Organization)

Please find enclosed receipt of payment of JA$ ---------------------------.



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**TRANSCRIPT REQUEST INFORMATION SHEET**

Cost of Transcript:

Fourteen (14) Working Days (Current Students) – JA $500.00 (Regular)

Fourteen (14) Working Days (Past Students) - JA $ 1000. 00 (Regular)

Five (5) Working Days - JA $ 1500.00 (Express)

**Banking Information**

Hampton School; Munro and Dickinson Trust

National Commercial Bank

Santa Cruz Branch

Chequing Account

Account Number # 891007604

After receipt of payment, the document will be processed. The completed Transcript Request Form along with a copy of the payment voucher should be emailed to hsfrontdeskhampton@gmail.com

Notified: Applicants will be contacted via email when the document is ready.