



To:

Cambridge School of Business and Technology

No: 859 Kandy - Colombo Rd, Kurana

Negombo

Subject: Request for Transcripts

Date:

Applicant Information:

Student Information

Full Name

Student ID Number

Date of Birth

Email Address

Phone Number

[illegible]

Transcript Details

Number of Copies Requested:

Purpose of Request:

Delivery Method:

Pick-Up in Person

Mail to Address (if different from above):

Recipient Name:

Recipient Address:

Email to:

Program Information:

Program of Study: _____

Degree/ Diploma Awarded: _____

Dates of Attendance: _____ to _____

Graduation Date (if applicable): _____

Payment Information:

Payment Method:

Credit Card ☐

Debit Card ☐

Check ☐

Cash (for in-person requests only) ☐

Total Amount Enclosed: _____

Cardholder's Name (if paying by card): _____

Card Number: _____

Expiration Date: _____

CVV: _____

Authorization: _____

I hereby authorize the release of my academic transcripts to the recipient(s) listed above.

Signature: _____

Date: _____

Additional Notes/ Instructions:

For Office Use Only:

Date Received: _____

Processed By: _____

Date Processed: _____

Payment Received: _____

Transcript Sent: _____

Thank you for processing my request.

Sincerely,

Cambridge School of Business and Technology

Office of the Executive Director

No: 859 Kandy - Colombo Rd, Kurana

Negombo

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Phone: 076 714 7831