

BARBADOS COMMUNITY COLLEGE

REQUEST FOR LETTER

Date: _____
Rcpt.#: _____
\$ Pd : _____

Ref : 11C/

NATIONALITY:

STUDENT IDENTIFICATION NUMBER: YEAR OF ENTRY:

(Mr/Mrs/Miss)NAME
 LAST NAME FIRST NAME MIDDLE INITIALS MAIDEN NAME

NAME WHILE AT COLLEGE (if different from above).....

HOME ADDRESS:

TELEPHONE NO: (Home)..... (Work) (Cell)

PROGRAMME/MAJORS: FULL-TIME PART-TIME

TYPE OF LETTER REQUESTED

TICK (✓) APPROPRIATE BOX

- | | |
|---|---|
| <input type="checkbox"/> Student Status | <input type="checkbox"/> Proof of Address |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> The Canadian Embassy |
| <input type="checkbox"/> Optometrist | <input type="checkbox"/> Immigration Department |
| <input type="checkbox"/> British High Commission | <input type="checkbox"/> To replace Certificate |
| <input type="checkbox"/> Embassy of the U S A | <input type="checkbox"/> Fees |
| <input type="checkbox"/> Other (Please specify) | |

SPECIAL INSTRUCTIONS

Signature Date:

EACH LETTER REQUEST WILL BE PROCESSED AT: BDS \$5.00 – URGENT \$10.00

PLEASE COLLECT YOUR LETTER(S) IN ONE WEEK AND URGENT LETTERS IN 1 – 3 DAYS

FOR OFFICIAL USE ONLY

DATE RECEIVED:.....

STUDENT STATUS: FULL-TIME/PART-TIME TO

.....
 Clerk/Typist Date