



ST FRANCIS METHODIST SCHOOL

TRANSCRIPT/CERTIFICATE REQUEST FORM

1. This service is applicable to students who enrolled in SFMS from year 2016 onward only.
2. Current students may request for photocopy of transcripts only.
3. As the transcript contains personal and confidential information, it is issued only to the person named in it or sent to another institution upon the request of the same person.
4. If courier service is required, FEDEX courier services will be used by default, unless otherwise stated.
5. Your request will be processed within 5-8 working days upon submission/payment (if required). The processing time excludes delivery time by courier. Request received during peak periods may require longer processing time.
6. Reprinted/Photocopied transcripts which are not collected within 3 months from the date of request will be destroyed, unless otherwise instructed.

SECTION 1: STUDENT INFORMATION

Name of Student (as per NRIC / Passport)			
Nationality:		Date of Birth:	
Email address		Year of Enrolment:	
Contact Number:		Year of Leaving:	

SECTION 2: SERVICE OPTIONS AND FEES (PLEASE SELECT THE APPROPRIATE OPTION)

<input type="checkbox"/>	Re-printing of transcripts (S\$5.00 per page, subject to prevailing GST, non-refundable)
<input type="checkbox"/>	Photocopy of transcripts (S\$0.10 per A4 page (black & white), subject to prevailing GST, non-refundable)
<input type="checkbox"/>	Re-printing of Leaving Certificate (S\$5.00 per page, subject to prevailing GST, non-refundable)
<input type="checkbox"/>	Collection of uncollected transcripts/award certificates upon withdrawal/graduation (non-chargeable)
Quantity: _____ sets	
Other Requirements: _____	

SECTION 3: COLLECTION MODE (PLEASE SELECT THE APPROPRIATE OPTION)

<input type="checkbox"/>	Collection in Person
<input type="checkbox"/>	Collection by Proxy. Please provide the details below:
Name of Proxy (As per NRIC / Passport)*: _____	
NRIC/Passport No of Proxy*: _____	
Local Contact number*: _____	
<input type="checkbox"/>	Courier (From S\$50.00, subject to prevailing GST). Please provide the details below:
Recipient Name / Company Name*: _____	
Mailing Address*: _____	
City*: _____ State Province*: _____	
Country*: _____ Postal / Zip Code*: _____	
Contact No*: _____ Email*: _____	

***Mandatory fields, please write NEATLY**

SECTION 4: PAYMENT MODE (PLEASE SELECT THE APPROPRIATE OPTION)	
<input type="checkbox"/> Payment in person at SFMS (Cash, NETS, Credit Card, Cheque)	<input type="checkbox"/> Telegraphic Transfer (subject to additional S\$30.00 Bank Charges, non-refundable)
Signature of Student: _____	Date: _____

FOR OFFICIAL USE ONLY	
Handled by	Date received:
Number of copies re-printed/photocopied:	Courier service required: <input type="checkbox"/> Yes <input type="checkbox"/> NO
Date of Payment: (if applicable)	
Transcript / Certificate collected / couriered on:	
Courier Number (if applicable):	Item no: (if applicable)
Remarks:	

*Delete as appropriate