



Warwick Academy

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Principal

Founded 1662
117 Middle Road, Warwick, PG 01 Bermuda
Tel: 441.236.1917
Email: info@warwick.bm
www.warwick.bm

Alumni & Student Document Request Form

All paperwork, including teacher reference forms from the overseas schools, must be submitted to the Main Office either by hand or email at transcripts@warwick.bm

Alumni/Student Full Name: _____

Date Requested: _____ (mm/dd/yy)

Contact Information: Cell# _____ Email: _____

Services Offered

- Exam Invigilation **\$50.00** per hour or any part of an hour _____
- Reference/Recommendation Letter **\$25.00** per teacher _____
- Reference/Recommendation Letter from the Principal/Guidance Counsellor **\$100.00** _____
- Transcripts **\$25.00** _____
- Internal Academic Reports **\$15.00** _____
- Immigration Letter/Attendance Letter **\$15.00** _____
- Rush Order: **\$50.00** _____
- Courier **\$75.00** (Charges may be more depending on courier fees) _____
- Airmail **\$5.00** per school _____

Total: _____

Please note Warwick Academy is **NOT** responsible for missed deadlines or lost mail. Where possible, requests should be made at least 7 days prior to the due date, allowing sufficient time. A **\$50.00** fee per request will be incurred for **RUSH** orders.

References/Recommendations

List the appropriate teacher(s) chosen to complete forms/references/recommendations.

English: _____ Mathematics: _____

Science: _____ Other: _____

Any additional information or comments: _____

Parent /Guardian/Alumni Name (please print): _____

Signature for the release of documents: _____

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Transcripts

Please ensure that correct contact information is provided for the mailing address. (E.g. Director of Admissions, International Admissions etc. **Any omission may result in delay.**)

1. To the attention of: _____

Name of School: _____

Full Mailing Address: _____

Telephone (needed to courier package): _____

E-mail address (needed for scanned & e-mail requests): _____

Please send by Mail _____ Email _____ Courier _____

2. To the attention of: _____

Name of School: _____

Full Mailing Address: _____

Telephone (needed to courier package): _____

E-mail address (needed for scanned & e-mail requests): _____

Please send by Mail _____ Email _____ Courier _____

Payment:

No services will be provided without payment in full in advance.

Cash (enclosed)

Direct Deposit to **HSBC 010 260628 004**

Please quote name and service requested (e.g. Jane Smith Transcript)

Please include copy of transfer

Card Payment

Name on Card (please print) _____

Card Number _____

Exp: _____

CSV: _____

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