



UNIVERSITY OF EASTERN AFRICA, BARATON

TRANSCRIPT REQUEST FORM

Second and subsequent copies

ALLOW AT LEAST FIVE WORKING DAYS FROM DATE OF REQUEST

- 1 Date of transcript request _____
- 2 Student ID# _____ Name _____
Email _____ Tel# _____
Student Authorization signature _____
- 3 Degree Title and Option _____
- 4 i Date completed UEAB: _____ (DD/MM/YYYY)
ii Trimester _____ Academic year _____
iii Date of graduation _____ (DD/MM/YYYY)
- 5 Request: Please Specify:
i First free copy (only for those who have not taken it
ii Additional copies for which payment will be made
- 6 Institutional Address if required to be sent direct to them:
i _____
ii _____
iii _____
- 7 Financial Clearance
Student Finance officer: Name: _____ Signature: _____
Student Acc./No _____ Account Balance _____ Date _____
- 8 Chief Accountant Authorization
i Release the transcript as required
Name: _____ Signature: _____ Date: _____
ii Do not release Transcript:
Name: _____ Signature: _____ Date: _____

NOTE: COST PER COPY: Kenya shillings 500.00 or USD 7.00