



Cambridge Examination Results Transcript Request Form

Please use one form per recipient and complete using all capital letters.

Your name must be written as it appears on the Cambridge exam entry and results statements.

Candidate's Last Name: _____

Candidate's First Name: _____ Middle (if applicable) _____

Candidate's Date of Birth (mm/dd/yyyy): _____

Full Name of High School: _____

*Candidate's Cambridge Number (xxxx) _____ *Cambridge Center # of High School (US xxx) _____

*See bottom of your results certificate for candidate and center numbers or contact your high school Cambridge AICE Coordinator for this information.

Please list the year and session (Spring or Fall) of requested results (example: Spring 2009, Fall 2009, Spring 2010)

I confirm that I am not submitting an enquiry on the results requested on this form. (Put your initials in blank) _____

Your current email address or a phone number where you can be contacted regarding this request:

Full Name of University or desired Recipient: _____

University Contact Name or office (if applicable): _____

University or Recipient Mailing Address: _____

University Contact or Recipient's Phone Number: _____

University Contact or Recipient's Fax Number: _____

University Contact or Recipient's Email Address: _____

I confirm that I am not submitting an enquiry on the results requested on this form.

Student's Signature (required if over 18 years) _____ date: _____

Parent or Guardian Signature** _____ date: _____

Parent or Guardian Printed Name** _____

** (required if Student under 18 years of age)

Please mail completed form to:
(Form cannot be faxed or emailed)

Cambridge Transcript Request
131 Bid A Wee Lane
Panama City, Florida 32413