



# National Council on Technical and Vocational Education and Training

Gordon Town Road, P.O. Box 179, Kingston 6, Jamaica W.I.; Telephone: (876) 977-1700-5

## REQUEST FOR TRANSCRIPT / STATUS LETTER

**COMPLETE ALL SECTIONS CLEARLY**

**Name of Applicant:** \_\_\_\_\_  
*(while at the Institution) Surname* *First Name* *Middle Name*

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_  
*Home* *Work* *Mobile*

**Date of Birth:**

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*Day Month Year*      **Gender:**

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*F M*      **TRN:**

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**E-mail:** \_\_\_\_\_      **NCTVET/NQS ID No.:** \_\_\_\_\_  
*(where applicable)*

**Institution Attended:** \_\_\_\_\_      **Year Completed:** \_\_\_\_\_

**Skill Area:** \_\_\_\_\_      **Level(s):** \_\_\_\_\_

**Did applicant receive an NVQ-J/CVQ/Job certificate?**     Yes       No

1. Transcript: after 1994 - SIX (6) working days. Transcript prior to 1994 is not available.
2. Status letter: after 1994 - FIVE (5) working days. Status letter: prior to 1994 - NINE (9) working days.
3. The timely processing is dependent on the accuracy and completeness of the information given.
4. Refer to the NCTVET website [www.nctvetjamaica.org](http://www.nctvetjamaica.org) for the cost for each transcript/status letter.
5. Fees must be paid at any National Commercial Bank (NCB), or online to the following account: Ministry of Education and Culture, Current Account #: 062334258 (Duke Street). Payment can also be made to the Accounting Officer at the NCTVET. Receipt must be presented as proof of payment to begin the process.
6. Completed application form and proof of payment must be submitted to the Customer Service section, NCTVET or email to [enquiry.nctvet@moe.gov.jm](mailto:enquiry.nctvet@moe.gov.jm). PLEASE NOTE THAT THE FEE IS NON-REFUNDABLE

**Method of delivery:**     \*Courier Service     Email     To be collected  
 (\* Arrangement must be made with the courier service provider)

**Indicate where the transcript/status letter is to be sent** via email (Complete one form for each mailing address)

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**FOR OFFICIAL USE ONLY**

**Amount Paid:** \_\_\_\_\_      **Receipt No.:** \_\_\_\_\_      **Receipt Date:** \_\_\_\_\_

**Request Received by:** \_\_\_\_\_  
*Print Name* *Date*

**Approved for Processing by:** \_\_\_\_\_  
*Print Name* *Date*

**Request Processed by:** \_\_\_\_\_  
*Print Name* *Date*