APPLICATION FOR THE RELEASE OF THE STUDENT'S TRANSCRIPT OF RECORDS	**FORM AS4**

TO THE RECTOR,

The undersigned,

_____

(family name and all given names according to the **certificate of birth**)

☐ Student, year _____

☐ Former student (expelled, withdrawn from studies, etc.)

☐ Graduate in the year _____ (the most recent class, for which diplomas with transcripts of records have not yet been released)

Faculty _____

Specialization_____

Form of study (check the appropriate box):

☐ Bachelor 3 years (full time / distance learning)
☐ Master (1 / 2 years)
☐ Advanced studies
☐ Post-graduate
☐ Bachelor 6 years (with integrated Master)
☐ Bachelor 4 years
☐ College

Please agree to release my transcript of records (check the appropriate box).

☐ Expedited release (after three working days).

☐ Normal release (starting from the fifth working day).

Contact data of the applicant:

Phone number _____

E-mail address _____

Date: _____ Signature,

Note on the processing and storage of personal data

The undersigned **_____**, *I am aware that the Politehnica University of Timisoara will process, by any means, my personal data, made available on the obtaining of the study documents / university documents, in accordance with Regulation (EU)2016/679 on the protection of individuals with regard to the processing of personal data and on the free movement of such data.*

Signature_____

- Study documents shall be released with a fee. Please consult Fees for the release of study documents.