

**APPLICATION FOR THE RELEASE OF THE TRANSCRIPT
OF RECORDS OR THE DUPLICATE OF THE TRANSCRIPT
OF RECORDS / DIPLOMA SUPPLEMENT**

FORM AS2

TO THE RECTOR,

The undersigned,

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

Graduate of the Politehnica University of Timișoara,

Faculty _____

Specialization _____

Form of study (check the appropriate box):

- | | |
|---|---|
| <input type="checkbox"/> Bachelor 5 years (full time / evening courses) | <input type="checkbox"/> Bachelor 6 years (with integrated Master) |
| <input type="checkbox"/> Bachelor 3 years (full time / distance learning) | <input type="checkbox"/> Bachelor 4 years |
| <input type="checkbox"/> Master (1 / 2 years) | <input type="checkbox"/> College |
| <input type="checkbox"/> Advanced studies | <input type="checkbox"/> Assistant engineer (full time / evening courses) |

Calendar year of the completion of the final academic year _____

Calendar year of the conferring of the degree _____, month _____.

Please agree to release my transcript of records / Diploma Supplement corresponding to the form of higher education described above.

- Expedited release (after three working days).
 Normal release (starting from the fifth working day).

I declare that the Transcript of Records / Diploma Supplement (check the appropriate box):

- IS A Duplicate IS NOT a Duplicate

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](#)