APPLICATION FOR THE RELEASE OF THE STUDENT'S TRANSCRIPT OF RECORDS

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□ Former student (expelled, withdrawn from studies)

□ Graduate in the year	(the most i	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)

 \Box Master (1 / 2 years)

□ Advanced studies

□ Post-graduate

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

Expedited release (after three working days).

 \Box Normal release (starting from the fifth working day).

Contact data of the applicant:

Phone number E-mail address

Date: ____

Signature,

□ Bachelor 6 years (with integrated Master)

□ Bachelor 4 years

□ College

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.