

**APPLICATION FOR THE RELEASE OF AN AUTHENTICITY
CERTIFICATE**

FORM AS5-a

TO THE RECTOR,

The undersigned,

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

Born on _____ in the locality of _____

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) |
| <input type="checkbox"/> Post-graduate | |

Calendar year of the completion of the final academic year _____

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

Please agree to release a certificate about the studies I graduated, for me to use for
(check the appropriate box):

- ☐ The application of the Apostille on my graduation document
- ☐ Certification of my graduation document by the relevant Ministry
- ☐ Other purposes (please specify) _____

I attach to this application (check the appropriate box):

- ☐ a copy of the diploma of _____
- ☐ copy of the diploma supplement / transcript of records
- ☐ proof of payment of the fee for issuing the certificate

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 Timișoara 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 _____

Note:

- Study documents shall be released with a fee. Please consult [Fees for the release of study documents.](#)