

**APPLICATION FOR THE RELEASE OF A SEALED
ENVELOPE CONTAINING COPIES OF EDUCATION
DOCUMENTS**

FORM AS9

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 a sealed envelope containing copies certified with the original of the following education documents:

- | | |
|---|---|
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Syllabus |
| <input type="checkbox"/> Transcript of records / Diploma supplement | <input type="checkbox"/> Other (please specify) |

The sealed envelope will be (check the appropriate box):

- picked-up from the UPT
- sent to an institution in Romania, at the following address (please specify a contact person and a full address) _____

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 _____

Note:

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