

Student Records Request Form

Family name Given name

Course /Unit Code & Name

Contact Details: Tel:..... Email:

Please indicate the nature of your records request below

- View all records
- Transcript issue request
- Statement of Attainment request
- Certificate Issue request

Explanatory notes (optional)

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.....

Student Signature: _____ Date: _____

Acknowledge Receipt of Records

Student Signature: _____ Date of Receiving: _____

OFFICE USE ONLY:

Finance Department Approval:
Name: _____ Signed: _____ Date: _____

Academic Department Approval:
Name: _____ Signed: _____ Date: _____

Application Processed by:
Name: _____ Signed: _____ Date: _____

Comments: