

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

FORM AS4

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- Former student (expelled, withdrawn from studies)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 recent class, for which diplomas with transcripts of records have not yet been released)

Faculty _____

Specialization _____

Form of study (check the appropriate box):

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

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

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

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.](#)