**To Rīga Stradiņš University**

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| Name, Surname: |  |
| Personal ID: |  |
| Address1: |  |
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| *Applicant’s authorised person 2* |  |
| *Date of issue of power of attorney, No2:* |  |
| Phone: |  |
| Email: |  |

**APPLICATION**

Riga

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***On the issuance of a duplicate, copy, excerpt or archival record of an educational document***

Please issue:

**[ ]**  Duplicate of diploma \* **[ ]**  Archival record **[ ]**  Transcript **[ ]**  Diploma translation

**[ ]**  Duplicate of diploma supplement **[ ]**  Course description **[ ]** Copy

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| --- |
| **[ ]**  Other:  |

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|  I studied and/or worked: |

 (name of the faculty and study programme, year of graduation; information regarding length of service)

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Language: **[ ]**  Latvian **[ ]**  English

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| Annex:  |

(damaged diploma, etc.)

* \*I am informed that a duplicate of the diploma and/or its supplement –will be only issued if the content of the duplicate can be produced on the current form of the document (we do not issue duplicates if you graduated from Riga Medical Institute or Medical Academy of Latvia). A duplicate shall be issued if the original document has been lost or irreversibly destroyed. After the duplicate has been issued, the lost or destroyed original shall cease to have any legal effect. The duplicate can be received only in person at Rīga Stradiņš University, Room K-100.
* Upon submitting the application and receiving the document produced, the submitter shall present a personal identification document and, if necessary, a document certifying the right to a discount, a power of attorney, etc.
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| *(signature)* |