**Request form**

**FOR TRANsCRIPT OF RECORDs AND WRITTEN REFERENCE**

***Please PRINT CLEARLY in all sections, as this form will be used for mailing purposes.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | | | |
| **Name, Surname:** |  | | | | |
| **Student card No.:** |  | | **Study programme:** |  | |
| **Study year:** |  | **Semester:** |  | **Group:** |  |
| **E-mail:** | ***@rsu.edu.lv*** | | **Phone No.:** |  | |

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| --- | --- | --- | --- |
|  | **TRANSCRIPT OF RECORDS (request information)** | | |
| **for the whole study period**  **these semesters:** | | **Language:** | **English**  **Latvian** |
| ***No. of copies*** | ***Type of delivery (check all that apply):*** | | |
|  | **Printed to pick up**  *For pick-up after notification at Information Centre (16 Dzirciema Street)* | | |
| - | **E-mailed** *E-mailed to the RSU e-mail address (one copy only)* | | |
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| **DELIVERY INFORMATION** | | | |
| **Name:** |  | | |
| **Address:** |  | | |
| **City:** |  | **Zip:** |  |
| **Country:** |  | | |

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|  | **WRITTEN REFERENCE (request information)** |
| **Language:** | **English  Latvian** |
| **Additional information:** | *Please specify what kind of information should be included in the reference.* |
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|  | **Printed to pick up** *For pick-up after notification at Information Centre (16 Dzirciema Street)* |
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| **DELIVERY INFORMATION** | | | |
| **Name, Surname or Title of Legal Entity:** |  | | |
| **Address:** |  | | |
| **City:** |  | **Zip:** |  |
| **Country:** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature** |  |  | **Date** |  |

Transcripts are prepared within 3 working days, during peak periods at least 20 working days should be allowed.

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| ***Received at RSU Student Services*** |  | ***For office use only:*** | |
|  | **Date received** |  |
| **Signature** |  |
| **Dean’s decision** |  |