

University College Birmingham TRANSCRIPT REQUEST FORM

Your Information

Forename: _____

Surname: _____

Date of Birth: ____/____/____

Address to which we should send your transcript/copies

Postcode: _____

Request (tick the appropriate box):

Replacement transcript (£25)

To request a replacement transcript, complete this part of the form and send this together with a cheque (payable to UCB) for £25 to the address below.

Course: _____

Year of Study: _____

Certified Copies of Original Documents (£2 per copy)

To request a number of certified copies complete this part of the form and send **BOTH** the original certificate/transcript **AND** the required number of copies **AND** a cheque for the necessary amount (payable to UCB) to the address below.

Certified Copy of Certificate (£2 per copy):

Checklist:

Number of copies enclosed

Original included:

Certified Copy of Transcript (£2 per copy):

Checklist:

Number of copies enclosed

Original included:

When sending original documents you should use a Courier or Recorded Delivery.
PLEASE NOTE THAT THE COLLEGE CANNOT BE RESPONSIBLE FOR THE LOSS IN TRANSIT
OF ANY DOCUMENTS POSTED TO IT.

Signed: _____ **Date:** _____

Reason for request: (please tick appropriate box)

Lost original

Duplicate for employment purposes

Duplicate for education purposes

Other: _____

Please return this fully completed form together with appropriate payment to:

Registry
University College Birmingham
Birmingham
B3 1JB
United Kingdom

We aim to respond to your request within ten working days of receipt of payment.

Thank you,

Registry