

RECORD REQUEST FORM

Personal Details			
Student Full Name:		Student ID:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	Date of Birth:	
Email Id:		Phone no:	
Address:			
Course Code and Course Name:			
Records requested:			
I would like to request for: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Testamur</div> <div style="width: 50%;"><input type="checkbox"/> Record of Results</div> <div style="width: 50%;"><input type="checkbox"/> Statement of Attainment</div> <div style="width: 50%;"><input type="checkbox"/> Completion letter</div> <div style="width: 50%;"><input type="checkbox"/> Letter of Academic Progress</div> <div style="width: 50%;"><input type="checkbox"/> Re-Issue of Certificates and transcript*</div> <div style="width: 50%;"><input type="checkbox"/> Letter of Tuition Fee Paid</div> <div style="width: 50%;"><input type="checkbox"/> Others; please specify</div> <div style="width: 50%;"><input type="checkbox"/> Letter of Invitation</div> </div>			
Note: You can collect your certificate within 30 calendar days after submitting the request form			
Student Signature:		Date:	
Office Use only			
Student's fees up-to date	Yes		No
Received by:			
Application Processed By: Name:		Sign and date	
Application Checked By: Name:		Sign and date	
Academic Department Approval Name:		Sign and date	
Finance Department Approval Name:		Sign and date	

Comments: