

TRANSCRIPT REQUEST FORM

SECTION 1

PERSONAL DETAILS WHILE IN SCHOOL

Surname:

Other name(s):

Date of birth:

Matriculation Number:

Passport

Sex: Male Female

Contact Address:

Tel. No. Email:

SECTION 2

ATTENDANCE RECORDS

Dates of Attendance:

Academic Program:

Faculty: Department

Qualification Obtained:

Campus/Study Centre:

SECTION 3.

TRANSCRIPT DELIVERY METHOD

Delivery Method: Pick up Mail

Mailing Address Transcript will be sent to

If Pick Up: Name of Authorized Person to Pick Up:

Method of Identification: International Passport Company/Organization ID
National ID Driver's License Any of the above

YOUR TRANSCRIPTS CANNOT BE PROCESSED OR RELEASED WITHOUT YOUR HANDWRITTEN SIGNATURE. A TYPED NAME WILL NOT BE ACCEPTED. **PLEASE PRINT AND SIGN THIS FORM**, SCANNED TO BE EMAILED TO RISK CONTROL SERVICES:
transcript@riskcontrolnigeria.com

I authorize the release of my transcript.

I declare that the details on this form are mine and the information provided is correct, and that I authorize Risk Control Services Nig. Ltd to facilitate the processing and posting of transcript. I am aware that I will not be eligible for refund from Risk Control Services if I later change my mind.

.....
Authorized Signature

.....
Date