APPROVED

by Rector’s Order No. 4.3.-13/94 of the Latvia University of Life Sciences

and Technologies of 25.10.2022

**LATVIA UNIVERSITY OF LIFE SCIENCES AND TECHNOLOGIES**

**Applicant**

(name, surname, previous name, surname, if changed)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Personal identity number**

**Trustee of the applicant**

(name, surname, personal identity number)

(indicate the document certifying the relationship, authorisation or the document certifying the permit)

|  |
| --- |
| **If there is no personal identity number (foreigner)**  |

(indicate the full date of birth, the identification code entered in the identification document and the issuing country)

**Means of communication**

(phone, e-mail address)

**REQUEST**

**Please issue**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Diploma duplicate |  |  | Archive certificate regarding study time |  |  | Archive certificate regarding employment record |
|  |  |  |  |  |  |  |  |
|  | Academic certificate |  |  | Transcript, extract, copy |  |  | Other  |  |

**Place of receipt of the answer** (does not apply to the issuance of a diploma duplicate)

|  |  |  |
| --- | --- | --- |
|  | in person, in the Document Management Department of LBTU (Room 197, castle),presenting an identification document |  |
|  |

|  |  |  |
| --- | --- | --- |
|  | by post in paper form to the specified address |  |
|  |  | (indicate address, postal code) |
|  | by e-mail with an electronic signature |  |
|  |  | (specify e-mail address) |
|  | to e-address with an electronic signature |  |
|  |  | (indicate the official e-address account) |

A duplicate of the diploma is issued in person at the LBTU Study Centre (Room 178, castle), presenting an identification document

**Payment method**

|  |  |
| --- | --- |
|  | bank transfer |
|  |  |

To receive a reduction or exemption from the paid service, specify and attach a copy of the document evidencing the status

(name, date, number of the document evidencing the status)

**Justification for the relevant service:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of service** | **Faculty and study programme** | **Year of graduation or dismissal** | **Type of studies and level of studies** | **Justifying purpose (mandatory)** |
| Diploma duplicate |  |  | **Type of study**

|  |  |
| --- | --- |
|  | full time |
|  | part time |

**Study level**

|  |  |
| --- | --- |
|  | undergraduate studies |
|  | master’s studies |
|  | doctoral studies |

 |

|  |  |
| --- | --- |
|  | lost |
|  | stolen |
|  | destroyed |
|  | damaged |

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| Academic certificate |  |  | **Type of study**

|  |  |
| --- | --- |
|  | full time |
|  | part time |

**Study level**

|  |  |
| --- | --- |
|  | undergraduate studies |
|  | master’s studies |
|  | doctoral studies |

 |  |
| Archive certificate regarding study time |  |  | **Type of study**

|  |  |
| --- | --- |
|  | full time |
|  | part time |

**Study level**

|  |  |
| --- | --- |
|  | undergraduate studies |
|  | master’s studies |
|  | doctoral studies |

 |  |
| Transcript, extract, copy\*  |  |  | **Type of study**

|  |  |
| --- | --- |
|  | full time |
|  | part time |

**Study level**

|  |  |
| --- | --- |
|  | undergraduate studies |
|  | master’s studies |
|  | doctoral studies |

 |  |
| \* indicate what information from the archive documents is required |  |
| **Type of service** | **Department and position** | **Length of employment** | **Notes** | **Justifying purpose**  |
| Archive certificate regarding employment record |  | commencement year:termination year:  |  |  |
| Other |  |

We would like to inform you that the personal data in the request will only be processed by the relevant LBTU employees for the purpose of identifying the specific natural person or its legal representative, communicating with the applicant, administering costs, preparing the documents specified in the request and providing an answer. The legal basis for the processing of personal data is your consent.

By signing and submitting the request, I certify that I am informed about my rights in relation to the protection of personal data at LBTU, including the right to withdraw consent for processing (information on the rights of a person in relation to the protection of personal data at LBTU). I am informed that the information obtained from the documents in the archive may be used in accordance with the laws and regulations of the Republic of Latvia.

Documents are prepared and issued after payment, in accordance with the price list of paid services.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant/Trustee of the Applicant** |  | date |  |
|  | signature\*\* / printed name |  |  |

\*\**Handwritten date and signature are not required if the document is signed with a secure electronic signature containing a time stamp*