



VERIFICATION REQUEST FORM

DECLARATIONS | VERIFICATIONS | ACADEMIC RECORDS | ACADEMIC TRANSCRIPTS | QUESTIONNAIRES

Name	
Surname	
Maiden name (if applicable)	
Student number	
SA ID number/passport number	
Cell phone number	
Email address	
Qualification (s)	
Year(s) completed	

ORDER LIST

1. If more than one product is requested, the longest turnaround time will apply. The request will be processed only after both the completed verification form and the proof of payment reflecting the correct amount have been received.
2. Both the completed verification form and proof of payment should be emailed to verifications@up.ac.za in order to be processed.

Please mark the product(s) that you would like to request with an X:

	Product	Mark with X	Price (excl courier)	Turnaround time
1	ACADEMIC RECORD WITH CERTIFICATE OF CONDUCT Statement of results/marks for all years of study		R200.00	3 working days
2	A. COPY OF ORIGINAL CERTIFICATE (DECLARATION) NB: If your qualification has not been conferred/awarded yet, you cannot request a declaration. OR B. LANGUAGE CHANGE CERTIFICATE (DECLARATION) NB: If your qualification has not been conferred/awarded yet, you cannot request a declaration. OR C. NAME/SURNAME CHANGE CERTIFICATE (DECLARATION) NB: If there are errors (name/surname), and if your names or surname changed and need to be amended, submit your latest valid ID/passport and/or proof of application from the Department of Home Affairs (copy and/or electronic version) – a marriage certificate and/or affidavit will not be accepted.		R250.00	3 working days
			R250.00	3 working days
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3	OFFICIAL QUALIFICATION VERIFICATION LETTER WITH DATES OF ATTENDANCE - Confirms qualifications on an official UP letterhead		R200.00	3 working days
4	A. ACADEMIC TRANSCRIPT (syllabus and curriculum information) 1, 2 or more qualifications, such as honours, master's and PhD) OR B. ACADEMIC TRANSCRIPT REPRINT (Only if you previously requested an academic transcript of R800 or from MIE)		R800.00 per qualification	20 working days
			R200.00 per reprint	5 working days
5	A. SHORT QUESTIONNAIRE/QUALIFICATION VERIFICATION FORM (Issued with academic record) e.g. WES, Nursing Council of NZ, medical councils, LSAC, FCCP, ECFMG LONG QUESTIONNAIRE/EDUCATION VERIFICATION FORM (issued with academic records, includes curriculum, syllabus and outcomes) e.g. HCPC, CORU, SWE, AASW, CGFNS		R300.00	5 working days
			R1000.00	30 working days



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

UP COURIER ☐

Courier location <small>Remote areas falling within the below will incur additional charges</small>	Price	Mark with an X (only if you would like your document/s to be couriered)
South Africa	R500.00	
Africa	R1200.00	
Rest of world	R1500.00	

Please provide the address that the documents should be couriered to:

Name of receiver	
Contact number of receiver	
Name of company (if applicable)	
Street name and number	
Suburb/Town/city	
Country	
Postal code	

USE MY OWN COURIER ☐ ON DAY OF COLLECTION COURIER MUST PROVIDE PROOF OF ID AND COLLECTION CONFIRMATION

Name of courier company	
Contact number of courier company	

COLLECTION FROM UP ☐ ON DAY OF COLLECTION CLIENT MUST PROVIDE PROOF OF ID AND COLLECTION CONFIRMATION

Department of Enrolment and Student Administration Room 2-37, Level 2, Main Administration Building Office hours: Monday – Friday (excluding holidays) Times: 8:30am – 3:30 pm (closed from 12:30pm to 1:15 pm)	1. You will be notified via email when your documents are ready for collection. 2. Proof of identification is required (ID/passport/driver's licence of the person collecting).
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ELECTRONIC COPY ONLY ☐ Email address where the documents should be sent to:.....

BANKING DETAILS

Beneficiary name	University of Pretoria
Bank name and branch	ABSA, Hatfield
Branch code	632005
Checking account number	2 140 000 038
Swift code	ABSAZAJCPT
Beneficiary Reference number	A1C13332660/your student number

Acceptance: Client ☐

By signing this form, I confirm that I have provided the correct information. I confirm that I have read and understood the turnaround times and prices of products. I confirm that it is my responsibility to select the correct products and to calculate my payment amount. I confirm that my academic records may be released.

Client signature..... Date.....

Acceptance: Third party ☐

By signing this form, I confirm that I have provided the correct information. I confirm that I have read and understood the turnaround times and prices of products. I confirm that it is my responsibility to select the correct products and to calculate my payment amount. I confirm that the client has granted me permission to request the records on their behalf and that the University should release the client's records as per the details provided above.

Third-party details:

Name of organisation/name and surname of person requesting	
Capacity of the person requesting	
ID/passport number of the person requesting	
Contact number of the person requesting	

Third-party signature..... Date.....