



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 completed	

ORDER LIST

NB: 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. Both the completed verification form and proof of payment should be emailed to verifications@up.ac.za.

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		R150.00	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		R200.00	5 working days
	B. Language change certificate (declaration) NB: If your qualification has not been conferred/awarded yet, you cannot request a declaration. OR		R200.00	5 working days
	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.		R200.00	5 working days
3	Official qualification verification letter with dates of attendance Confirms qualifications on an official UP letterhead		R150.00	5 working days
4	A. Academic transcript (1 qualification) OR B. Academic transcript (2 or more qualifications, such as honours, master's and PhD) OR C. Academic transcript reprint (Only if you previously requested an academic transcript of R600 or from MIE)		R800.00	20 working days
			R800.00 per qualification	
			Email verifications@up.ac.za Before requesting	
5	A. Short Questionnaire/Qualification Verification Form e.g. WES, Nursing Council of NZ, medical councils, LSAC, FCCP, Global School of Theology, ECFMG, CAPR, etc. OR B. Long Questionnaire/Education Verification Form (includes syllabus and outcomes) e.g. HCPC and Social Work England		R150.00	5 working days
			R1000.00	30 working days



UP COURIER

Courier location <i>Remote areas falling within the below will incur additional charges</i>	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	
Street name and number	
Suburb	
Town/city	
Country	
Postal code	

USE MY OWN COURIER (on day of collection courier must provide proof of identification and collection confirmation)

Name of courier company	
Contact number of courier company	

COLLECTION FROM UP (on day of collection client must provide proof of identification 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

ABSA	Hatfield
Branch code	632005
Account	2 140 000 038
Swift code	ABSAZAJCPT
Reference number	A1C133 32660/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.....