



UNIVERSITI  
TEKNOLOGI  
PETRONAS

**REQUEST TO RELEASE TRANSCRIPT AND DEGREE SCROLL**

NAME

MATRIC NO.

YEAR INTAKE

NEW I/C NO./ PASSPORT NO.

PROGRAM

YEAR CONVOCATION 



 REQUESTED DOC. TRANSCRIPT  DEG. SCROLL ENG  MLY

DELIVERY ( PLEASE SPECIFY ) BY HAND  BY POST   
 Representative: \_\_\_\_\_ Courier Service  

|               |          |
|---------------|----------|
| Local         | RM50.00  |
| International | RM150.00 |

*(To attach an authorization letter with personal details & Contact No.)*

UTP CIMB account# 8004857910

ADDRESS 



  
 (MAIL CORRESP.) 



*(not applicable if collected by hand)*

POSTCODE 



 CITY/ DISTRICT :

STATE

TELEPHONE NO. 



 - 



 MOBILE NO. 



 - 



  
 (HOUSE/ OFFICE)

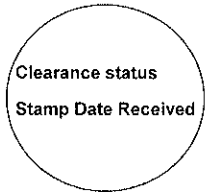
E-MAIL ADDRESS

STUDENTS'S SIGNATURE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE REQUEST : \_\_\_\_\_

DATE RELEASE: \_\_\_\_\_



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Student's Copy

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NAME

MATRIC NO. 



 NEW I/C NO./ PASSPORT NO

AUTHORIZED SIGNATURE: : \_\_\_\_\_ REMARKS (Clearance) \_\_\_\_\_

DATE RELEASE : \_\_\_\_\_