

**Requesting a full academic transcript during 2024**

Submit your request and required documentation to [StudentRecords@mandela.ac.za](mailto:StudentRecords@mandela.ac.za)

**REQUIRED**

- 1. A certified copy of your identification document or passport**
- 2. Proof of payment**
  - a) The fee for a full academic transcript is R40-00 per copy.
  - b) On the [General Financial Information webpage](#) access the *2024 Student Accounts Guide* for payment and banking details.
  - c) Proof of payment must be submitted within seven (7) days of making the payment.
  - d) All payments over R100-00 are subject to be verified as received before services are rendered.
  - e) Consider your requests and lead times as there are no refunds.
- 3. Optional courier services (R150-00 – Domestic) (R450 – International Deliveries)**
  - a) Courier deliveries require a contact person with contact and delivery details.
- 4. A completed and signed consent form.**

**How to request the above services**

- State your requirements and the purpose of the request clearly.
- Submit required documentation: proof of payment, proof of identification, completed & signed consent form.
- Enquire about any additional services you may require.
- Requests are processed as they are received without exceptions and refunds.

**CONSENT TO RELEASE PERSONAL INFORMATION TO THIRD PARTY**

**Student Details**

<b>Name</b>	_____
<b>Surname</b>	_____
<b>Date Of Birth</b>	_____
<b>Student Number</b>	_____

**Requestor Details**

<b>Name</b>	_____
<b>Surname</b>	_____
<b>Relation To Student</b>	_____
<b>Other</b>	_____
<b>Specify</b>	_____

Purpose of the request: \_\_\_\_\_

Declaration by student:

I, \_\_\_\_\_, hereby authorise the Requestor, \_\_\_\_\_, to take steps to verify the information and documentation.

I acknowledge and agree that this process involves the Requestor to use my personal and sensitive information for the purpose for which it was requested. I hereby give consent to the Requestor to collect my personal and sensitive information from the Nelson Mandela University, Student Records.

I also acknowledge and agree that the Requestor will use the information to perform my background check.

I hereby indemnify Nelson Mandela University against any liability in issuing my personal and sensitive information.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date