



Academic Records Request Form

A. For Applicants: This form is provided to facilitate the release of your academic records by your academic institution. You are responsible for contacting your academic institution directly.

- 1) Complete the top part of this form. You must include your WES reference number.
- 2) Submit this form to the registrar/controller of examinations or other authorized official where you obtained your credential(s).
- 3) Print additional copies of this form as necessary.

WES Reference No. (required) 35###70		
Last/Family Name PATEL	First/Given Name KETULKUMAR	
Previous Name (if applicable) -NA-	Date of Birth (dd/mm/yyyy) 27/11/1973	E-mail ketul#####@yahoo.com
Institution Name U. V. PATEL COLLEGE OF ENGINEERING	Country INDIA	Dates Attended From 06/2016 To 07/2018 <small>(mm/yyyy) (mm/yyyy)</small>
Degree Name (if applicable) MASTER OF TECHNOLOGY	Year of Award (if applicable) JULY-2018	Major MECHANICAL ENGINEERING [AMS]
Student ID or Roll Number at sending institution (if applicable) 160140#####		

I hereby authorize the release of my academic records to World Education Services.

Applicant's signature: *Kam* Date: 25/07/2018

B. For Authorized Officials: The person named above requests that their academic records be released to World Education Services. His or her records/statement of marks should show all subjects completed and all grades/marks awarded for all years of study.

- 1) Please complete this form.
- 2) Place this form and academic record(s) in an envelope.
- 3) Sign and seal the envelope across the back flap.

Institution Name:	
Degree obtained: (if applicable)	Date awarded: (month/yr)
Name of Official Completing Form: (please print or type)	Title:
Telephone:	Email:

Authorized signature and seal: _____ Date: _____

Yes. The applicant's academic records are attached to this form.

Please send this form and academic records directly to WES at the address below:

WES Reference No. 35###70
 World Education Services
 Attention: Documentation Center
 2 Carlton Street, Suite 1400
 Toronto, ON M5B 1J3
 Canada



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WES Reference No. (required)		
Last/Family Name PATEL	First/Given Name ABHILASHA	
Previous Name (if applicable) -NA-	Date of Birth (dd/mm/yyyy) 11/10/1993	E-mail PATELABHI#####@gmail.com
Institution Name ACHARYA MOTIBHAI PATEL INSTITUTE OF COMPUTER STUDIES	Country INDIA	Dates Attended From 06/2011 To 04/2014 <small>(mm/yyyy) (mm/yyyy)</small>
Degree Name (if applicable) BACHELOR OF BUSINESS ADMINISTRATION	Year of Award (if applicable) APRIL-2014	Major MARKETING MANAGEMENT
Student ID or Roll Number at sending institution (if applicable) 1105234#####		

I hereby authorize the release of my academic records to World Education Services.

Applicant's signature:  Date: 26/07/2018

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Degree obtained: (if applicable)	Date awarded: (month/yr)
Name of Official Completing Form: (please print or type)	Title:
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WES Reference No. (required) 37###22		
Last/Family Name PATEL	First/Given Name ROSHANIBEN	
Previous Name (if applicable) -NA-	Date of Birth (dd/mm/yyyy) 28/07/1988	E-mail #####@gmail.com.
Institution Name V. M. PATEL INSTITUTE OF MANAGEMENT	Country INDIA	Dates Attended From 06/2009 To 04/2011 <small>(mm/yyyy) (mm/yyyy)</small>
Degree Name (if applicable) MASTER OF BUSINESS ADMINISTRATION	Year of Award (if applicable) APRIL-2011	Major FINANCE
Student ID or Roll Number at sending institution (if applicable) 12345		

I hereby authorize the release of my academic records to World Education Services.

Applicant's signature: *Roshaniben Patel*

Date: 26/07/2018

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- 3) Sign and seal the envelope across the back flap.

Institution Name:	
Degree obtained: (if applicable)	Date awarded: (month/yr)
Name of Official Completing Form: (please print or type)	Title:
Telephone:	Email:

Authorized signature and seal: _____

Date: _____

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- 3) Print additional copies of this form as necessary.

WES Reference No. (required) 36####3		
Last/Family Name PATEL	First/Given Name SOHAMKUMAR	
Previous Name (if applicable) -NA-	Date of Birth (dd/mm/yyyy) 27/08/1988	E-mail soham123@gmail.com
Institution Name SHREE S. K. PATEL COLLEGE OF PHARMACEUTICAL EDUCATION & RESEARCH	Country INDIA	Dates Attended From 06/2005 To 06/2007 <small>(mm/yyyy) (mm/yyyy)</small>
Degree Name (if applicable) DIPLOMA IN PHARMACY	Year of Award (if applicable) JUNE-2007	Major ---
Student ID or Roll Number at sending institution (if applicable) 239		

I hereby authorize the release of my academic records to World Education Services.

Applicant's signature: _____

Date: 26/7/2018

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Institution Name:	
Degree obtained: (if applicable)	Date awarded: (month/yr)
Name of Official Completing Form: (please print or type)	Title:
Telephone:	Email:

Authorized signature and seal: _____

Date: _____

Yes. The applicant's academic records are attached to this form.

Please send this form and academic records directly to WES using one of the addresses below:

By Postal Mail:

WES Reference No. 36####3
 World Education Services
 Attention: Documentation Center
 P.O. Box 5087
 Bowling Green Station
 New York, NY 10274-5087
 USA

By Express Courier:

WES Reference No. _____
 World Education Services
 Attention: Documentation Center
 64 Beaver St. #146
 New York, NY 10004
 USA



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WES Reference No. (required) 1234567		
Last/Family Name SHAH	First/Given Name BHUPENDRA	
Previous Name (if applicable) -NA-	Date of Birth (dd/mm/yyyy) 12/07/1989	E-mail bhupendraa.shah@yahoo.com
Institution Name U. V. PATEL COLLEGE OF ENGINEERING	Country INDIA	Dates Attended From 06/2006 To 05/2010 <small>(mm/yyyy) (mm/yyyy)</small>
Degree Name (if applicable) BACHELOR OF TECHNOLOGY	Year of Award (if applicable) MAY-2010	Major MECHANICAL ENGINEERING
Student ID or Roll Number at sending institution (if applicable) 12012011001		

I hereby authorize the release of my academic records to World Education Services.

Applicant's signature:  Date: 26/07/2018

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