

Canada

## **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. (red	quired) 5604301						
	3604301						
Last/Family Name  Joshi	First/Given Name	ilin					
Previous Name (if applicable)		Ajinkya D	•	T = "			
		Date of Birth (dd/mm/yyyy) 21/10/1990		ajinkya.joshi.d@gmail.com			
L CLC N			<b>9</b> 0			.u@gmaii	.COIII
Institution Name		Country		Dates Atte		To_06/201	1
Govt college of Engir	neering Aurangabad			From_5777	(mm/yyyy)	To(mi	n/yyyy)
Degree Name (if applicable)		Year of Award (if applicable)			ajor		0.5
Bachelor of engir	•	2011		<b>E</b>	lectrical,	Electronics	& Power
Student ID or Roll Number at sendir BE07F03F020	ng institution (if applicable)						
I hereby authorize the relea	se of my academic recor	ds to World Edu	ıcation Servi	ices.			
Applicant's signature:					Date:		
3) Sign and seal the envelopment of the seal	elope across the back flap.		]				
Name of Official Completing Form: (	(please print or type)		Date awarded	l: (month/yr)			
Name of Official Completing Form: (  Telephone:	(please print or type)			i: (month/yr)			
			Title:	i: (month/yr)	Date: _		
Telephone:	eal: ndemic records are attach academic records directly	ned to this form. y to WES using o By WI	Title:	ddresses ourier:	- below: 04301		

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