Annex 2

APPROVED

by Rector’s Order No. 4.3.-13/77 of Latvia University of Life Sciences

and Technologies of 20.06.2024

**LATVIA UNIVERSITY OF LIFE SCIENCES AND TECHNOLOGIES**

**Applicant**

(name, surname, previous name, surname, if changed)

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**Personal identity number**

**Trustee of the applicant**

(name, surname, personal identity number)

(indicate the document certifying the relationship, authorisation or the document certifying the permit)

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| **If there is no personal identity number (foreigner)** |

(indicate the full date of birth, the identification code entered in the identification document and the issuing country)

**Means of communication**

(phone, e-mail address)

**REQUEST**

**Please issue:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of service**  (mark with an x the required document) | | **Faculty and study programme** | **Year of graduation or dismissal (course)** | **Type of study** | | **Study level**  (undergraduate studies, master’s studies, doctoral studies) |
| **PL\*** | **NPL\*** |
|  | Academic certificate of passed study courses and KP |  |  |  |  |  |
|  | Archive certificate regarding study time |  |  |  |  |  |
|  | Copy of the document |  |  |  |  |  |
| Please specify which document you require a copy of: | | | | | | |
|  | Duplicate of diploma and appendix |  |  |  |  |  |
| Justifying purpose (mandatory) | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | lost |  | stolen |  | destroyed |  | damaged | | | | |
|  | Other |  | | | | |
|  |  | (required document) | | | | |

\*PL – full-time studies (full-time); \*NPL – part-time studies (part-time)

|  |  |  |  |  |
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| **Type of service** | **Department and position** | **Length of employment** | | **Notes** |
| **commencement year** | **termination year** |
| Archive certificate regarding employment record |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **In this language:** |  | Latvian |  | English |  | Another foreign language | |  |
|  |  |  |  |  |  |  | (specify in which) | |

**Place of reply**

|  |  |
| --- | --- |
|  | In person at the LBTU Document Management Department (Room 197, Castle), presenting an identification document |

|  |  |  |
| --- | --- | --- |
|  | By Latvijas Pasts in paper form to the address indicated (costs to be borne by the applicant) | |
|  |  | |
|  | (full address for receipt of the document) | |
|  | In electronic form (with an electronic signature) |  |
|  |  | (specify e-mail address or e-address account) |

A duplicate of the diploma is issued in person at the LBTU Study Centre (Room 178, castle), presenting an identification document

To receive a reduction or exemption from the paid service, specify and attach a copy of the document evidencing the status

(name, date, number of the document evidencing the status)

We would like to inform you that the personal data in the request will only be processed by the relevant LBTU employees for the purpose of identifying the specific natural person or its legal representative, communicating with the applicant, administering costs, preparing the documents specified in the request and providing an answer. The legal basis for the processing of personal data is your consent.

* I have been informed that a duplicate diploma and its appendix will be issued if the original document has been lost or irretrievably destroyed. Once a duplicate has been issued, the lost or destroyed original shall lose its legal validity. I am informed that the information obtained from the documents in the archive may be used in accordance with the laws and regulations of the Republic of Latvia.
* I confirm that I voluntarily provide information about myself in the request and authorise LBTU to process my personal data for the purpose of identifying me, preparing the documents requested by me and contacting me. I certify that the information provided is correct.
* I confirm that I have been informed that this is a paid service and that I agree to receive the payment request electronically at the email address I have provided.

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| --- | --- | --- | --- |
| **Applicant/Trustee of the applicant** |  | date |  |
|  | signature/printed name |  |  |

*Handwritten date and signature are not required if the document is signed with a secure electronic signature containing a timestamp*