



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): 63	352669				
Last/Family Name		First/Given	Nama		
Gupta			Sarthak		
Previous Name (if applicable)		Date of Birth (dd/mm/			
		16/05/1990	guptaasarthhak@gmail.com		
Institution Name	Country		g spicacou till	ak@gmail.com	
MITSDE	Ind		From 06/2019	то 04/2022	
Degree Name (if applicable)	Year of	Award (if applicable)	(mm/yyyy) Major	(mm/yyyy)	
PGDM	202		Finance		
Student ID or Roll Number at sending institution (if app			i illalice		
MIT2018E02150		3 - 1 - 1 - 1 - 1 - 1			
hereby authorize the release of my aca	ademic records to W	orld Education S	ervices.		
Applicant's Signature:	Se			1 - 1	
Applicant's Signature:	17		Date: <u></u>	01/05/2021	
Please complete this form. Place this form and academic reco Sign and seal the envelope across Institution Name: Degree obtained: (if applicable) Name of Official Completing Form (please print or type) Telephone	the back flap.	Date awarde Title E-mail	d: (month/yr):		
Authorized signature and seal:			Date:		
Yes. The applicant's academic recor					
Please send this form and academic rec	ords directly to WES	o using one of th	e addresses below:		
Postal Mail:		By Expres	By Express Courier:		
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Newmarket ON, L3Y 0G5 Canada

14-145 Industrial Pkwy South Aurora ON, L4G 3V5 Canada