**Important Notes:**

1. You may request a transcript of your results at any stage. The transcript can state first, second or both years' results. One year = €7/£6, two years = €14/£12
2. The request form must be completed and returned together with the appropriate fee.
3. There is a two-week waiting period for this service.
4. Due to Covid-19, transcripts are emailed to students only.
5. If your transcript is required to be emailed directly to another awarding body for the purposes of exemption applications, please indicate this below.
6. The transcript will state the year you sat your exams, what subjects you sat and the award received.
7. Please return completed form to [**exams@accountingtechniciansireland.ie**](mailto:exams@accountingtechniciansireland.ie)include ‘Transcript’ in the subject line of the email.

**STUDENT DETAILS**

**Name:**  \_\_\_\_\_\_\_\_\_\_ **Other Name: (eg Maiden Name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration No (where known):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Years of study:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exam Venue:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your transcript is required by another awarding body, please indicate the email address where it should be emailed here:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT DETAILS**

**PAYMENT BY CREDIT/DEBIT CARD**

**I wish to pay by (insert X where appropriate)**:

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Visa DEBIT |  | Visa Credit |  | Electron |  | Switch/Solo |
|  | MasterCard |  | Laser |  | Delta |  |  |

***Please note that all credit card transactions are subject to a €4.50/£4.00 handling charge.***

Card Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Card Expiry Date

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| --- | --- | --- | --- | --- |
|  |  | / |  |  |

CVV2

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| --- | --- | --- |
|  |  |  |

**Cardholder’s Signature** …………………………………………………… **Date**............................