

Student Records & Registration
Embizweni Building
Summerstrand Campus (South)
StudentRecords@mandela.ac.za
+27 041 504 1111

Requesting a full academic transcript

Required

- 1. Submit a clear recently certified copy of your identification document
- 2. Submit proof of payment
 - 2.1. Cost is R40-00 per full academic transcript
 - 2.2. Courier services are charged at an additional cost of R150-00 for domestic and R450 for international deliveries
- 3. Complete, sign and state the intended recipient with the reason before submitting the below consent form

Submit the request on email

- 1. Submit the required documents above with a brief description of your request to StudentRecords@mandela.ac.za
- 2. All courier requests require a contact person with contact details and a street address
- 3. Requests are processed in the order they were received without exceptions
- 4. No refunds

Banking details for sundry fees as per university website

1. Bank Standard Bank

Account Name Nelson Mandela University – Main

Account Number 08 026 3011

Type of Account

Branch

Business Current Account

Stanley Street, Port Elizabeth

Branch Code 050417 Universal Internet Banking Code 051001

Swift Code SBZA ZAJJ (Payments made from outside South Africa)

Reference Prefix (BR) and your Student Number (example: BR-194906858)

2. Nelson Mandela University accepts no responsibility for the incorrect allocation of payments received without valid student numbers.



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CONSENT TO RELEASE PERSONAL INFORMATION TO THIRD PARTY

	Student Details	
Name		
Surname		
Date Of Birth		
Student Number		
	Requestor Details	
Name	itoquasta: 2 statis	
Surname		_
Relation To Student		·
Other		
Specify		
Purpose of the request:		
Declaration by student:		
l,	, hereb	y authorise the Requestor,
	, to take steps to verify the i	nformation and documentation.
	at this process involves the Requestor to use my persor	
purpose for which it was i	equested. I hereby give consent to the Requestor to	collect my personal and sensitive
information from the Nelson	n Mandela University, Student Records.	
I also acknowledge and ag	ree that the Requestor will use the information to perform	n my background check.
I hereby indemnify Nelson	Mandela University against any liability in issuing my per	sonal and sensitive information.
Student	Signature	Date