**Transcript Verification**

**Request Form**

**Transcript Verification Request**

**Introduction**

To enable us verify a transcript issued by the Institute for Professional and Executive Development (IPED) – UK, please complete this form and return to **info@ipeduk.com**, together with any relevant supporting document(s) and proof of payment where applicable.

A successful verification will lead to the issuance of an official electronic IPED verification/authentication document that can be used by the applicant for a variety of purposes.

**Our requirements**

* Complete the form electronically. We will not process a hand completed application form. An incorrectly completed application form will be rejected.
* Provide us with correct and sufficient information as required in the form. Failing to provide correct and sufficient information will cause delay in us providing you with the service you require. In some cases, we may not be able to locate your record if incorrect and/or insufficient information is provided.
* Provide a scanned copy of the original transcript(s) in addition to your duly completed form.
* Pay the relevant fee(s) in full and attach proof of payment. You must pay (fully) upfront for this service before your application will be considered. This service will not be offered (on credit) under any circumstance in the absence of full upfront payment.
* This form must be used to verify transcript(s) belonging to the same award holder. If you need to verify the transcript(s) of a different award holder, please use a separate form, cross-referenced to the name of the respective award holder.
* Do not insert picture(s) into the form.
* Please contact us for payment information when you are ready to pay.

**Fees**

* £25 per each transcript verification.
* The stated £25 is not necessarily the full application fee. It relates to the individual transcript verification requests made in the application. This means that depending on the number of transcript verification requests made in the application, the total application fee may be £25, or more.
* Your application will not be considered if the relevant fee applicable is not received in full. You must pay (fully) upfront for the service before your application will be considered. The service will not be offered (on credit) under any circumstance in the absence of full upfront payment.

**Who can use this form?**

* The award holder

OR

* Anyone with the written consent of the award holder.

**Processing time**

* **Three (3)** working days, following receipt of the full payment, duly completed form and relevant supporting document(s).

**Part A**

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| **Details of the person making the request**This can be the owner of transcript or someone else with the written consent of the owner of transcript. |
| **Full name** |  |
| **Address** |  |
| **Email** |  |

**Part B**

This is the part where you enter details of the transcript(s) that you want to verify. Six different transcript verification tables have been provided. You do not have to complete all tables. Complete any given number of tables depending on your requirements.

^^ Note: Please do not enter details of more than one transcript in the same transcript verification table. Each transcript verification table must have the details of one transcript document, and must therefore contain one transcript serial number.

**Transcript Check 1**

Please enter the details of the transcript that you want to verify in the respective spaces provided below.

|  |  |  |
| --- | --- | --- |
| **Transcript number**As printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of course, including level** As printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of module 1** Successfully completed; as printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of module 2** Successfully completed; as printed on transcript, where applicable.  |  | Leave this space blankFor Office Use |
| **Full name of module 3** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 4** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 5** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 6** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Name of owner of transcript**As printed on transcript |  | Leave this space blankFor Office Use |
| **Date of Transcript Issuance**As printed on transcript |  | Leave this space blankFor Office Use |
| Leave this space blankFor Office Use |

**Transcript Check 2**

Please enter the details of the transcript that you want to verify in the respective spaces provided below.

|  |  |  |
| --- | --- | --- |
| **Transcript number**As printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of course, including level** As printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of module 1** Successfully completed; as printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of module 2** Successfully completed; as printed on transcript, where applicable.  |  | Leave this space blankFor Office Use |
| **Full name of module 3** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 4** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 5** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 6** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Name of owner of transcript**As printed on transcript |  | Leave this space blankFor Office Use |
| **Date of Transcript Issuance**As printed on transcript |  | Leave this space blankFor Office Use |
| Leave this space blankFor Office Use |

**Transcript Check 3**

Please enter the details of the transcript that you want to verify in the respective spaces provided below.

|  |  |  |
| --- | --- | --- |
| **Transcript number**As printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of course, including level** As printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of module 1** Successfully completed; as printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of module 2** Successfully completed; as printed on transcript, where applicable.  |  | Leave this space blankFor Office Use |
| **Full name of module 3** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 4** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 5** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 6** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Name of owner of transcript**As printed on transcript |  | Leave this space blankFor Office Use |
| **Date of Transcript Issuance**As printed on transcript |  | Leave this space blankFor Office Use |
| Leave this space blankFor Office Use |

**Transcript Check 4**

Please enter the details of the transcript that you want to verify in the respective spaces provided below.

|  |  |  |
| --- | --- | --- |
| **Transcript number**As printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of course, including level** As printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of module 1** Successfully completed; as printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of module 2** Successfully completed; as printed on transcript, where applicable.  |  | Leave this space blankFor Office Use |
| **Full name of module 3** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 4** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 5** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 6** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Name of owner of transcript**As printed on transcript |  | Leave this space blankFor Office Use |
| **Date of Transcript Issuance**As printed on transcript |  | Leave this space blankFor Office Use |
| Leave this space blankFor Office Use |

**Transcript Check 5**

Please enter the details of the transcript that you want to verify in the respective spaces provided below.

|  |  |  |
| --- | --- | --- |
| **Transcript number**As printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of course, including level** As printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of module 1** Successfully completed; as printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of module 2** Successfully completed; as printed on transcript, where applicable.  |  | Leave this space blankFor Office Use |
| **Full name of module 3** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 4** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 5** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 6** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Name of owner of transcript**As printed on transcript |  | Leave this space blankFor Office Use |
| **Date of Transcript Issuance**As printed on transcript |  | Leave this space blankFor Office Use |
| Leave this space blankFor Office Use |

**Transcript Check 6**

Please enter the details of the transcript that you want to verify in the respective spaces provided below.

|  |  |  |
| --- | --- | --- |
| **Transcript number**As printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of course, including level** As printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of module 1** Successfully completed; as printed on transcript |  | Leave this space blankFor Office Use |
| **Full name of module 2** Successfully completed; as printed on transcript, where applicable.  |  | Leave this space blankFor Office Use |
| **Full name of module 3** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 4** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 5** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Full name of module 6** Successfully completed; as printed on transcript, where applicable. |  | Leave this space blankFor Office Use |
| **Name of owner of transcript**As printed on transcript |  | Leave this space blankFor Office Use |
| **Date of Transcript Issuance**As printed on transcript |  | Leave this space blankFor Office Use |
| Leave this space blankFor Office Use |

**Part C**

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| **Delivery email address**Please provide one email address to which the transcript verification report should be sent.A copy of the report will be sent to the email address of the person making the request. If you want us to send the report to another email address other than the email address of the person making the request, please provide details below. |
|  |

**^^ Please see following pages for Part D and Part E.**

Very Important Information

**Fees paid towards this application is non-refundable.**

**Please ensure that you provide us with accurate information in this application (together with any required supporting document/s) to enable us process your application and issue your verification report.**

**We must be able to process your application and issue your report, in the first instance or attempt, using the “correct” information you provide to us (together with any required supporting document/s). The application fee that you pay towards this application, is in respect of, IPED processing your application in the first instance or attempt, and NOT for multiple instances or attempts. An application fee is required any time you submit an application to us, and this applies even if you are submitting the same application because you failed the first time.**

**You are required to double-check your application before submitting it to us. Please do not submit your application if you are unsure of any of the information you are providing in the application, or where applicable, if you are not accompanying the application with the required supporting document/s.**

**If we reject your application because you provided us with incorrect information, or failed to provide us with the required information (including the required supporting document/s), YOU WILL LOSE ALL THE FEES YOU HAVE PAID TOWARDS THIS APPLICATION. If your application is rejected under these circumstances, we will not re-allocate any fees that you have previously paid towards an unsuccessful application, to a future “corrected” application that you may make.**

**By proceeding with this application, you are agreeing that should your application be rejected, because you failed to provide us with needed correct information (including the required supporting document/s), you will lose all your application fee. This refers to all methods of payment used to pay for the application fee.**

**PART D**

Please enter your initials to sign below to complete your application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

**Part E**

Self-check

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| By submitting this application, you are confirming that you have checked to ensure that all our requirements have been met. If you are unsure, please read the “Our requirements” section of the form. |