

FORM G**UNISA MUSIC EXAMINATIONS**

REQUEST FOR ACCESS TO A COPY OF A THEORY OF MUSIC EXAMINATION SCRIPT IN RESPECT OF SECTION 18(1) OF THE PROMOTION OF ACCESS TO INFORMATION ACT, ACT NO 2 OF 2000 (Regulation 6)

Issued only to the student, or the parent/guardian if the student is a minor

A PARTICULARS OF STUDENT REQUESTING ACCESS TO A COPY OF AN EXAMINATION SCRIPT		
Surname and full names of student		
Unisa registration number		
ID No		
Postal address		
		Postal code
Tel/Cell/Mobile no		
Email		
Please indicate how you would like to receive the copy of your examination script. Photocopies of examination scripts are mailed via registered mail.		
email	<input type="checkbox"/>	Mail <input type="checkbox"/>
B PARTICULARS OF EXAMINATION SCRIPT AND REASON FOR REQUEST		
Paper and Code		
Examination Year and Session		
Reason for requesting information		
C FEES		
The fee payable for access is R 70.00 per application of the examination script.		
D FORM OF ACCESS TO SCRIPT		
If you are prevented by a disability to read or view the copy of the examination script, state your disability and indicate in which form the copy of your examination script is required.		
Disability		
Alternative form required		
E DECLARATION		
I hereby declare that I am the requester of the examination script and that the information as supplied is true and correct.		
Signed at _____ this _____ day of _____ 20 _____.		
_____		_____
SIGNATURE (REQUESTER)		RELATIONSHIP TO STUDENT

Banking details:

Bank: First National Bank

Account holder: UNISA Income Account

Account no: 627 9962 5200, Branch code: 250645 (Sunnyside), Swift code: FIRNZAJJ (for international deposits)

Reference: Teacher music registration number + surname and initials of student

Email this form with proof of payment to adamssa@unisa.ac.za