

TRANSCRIPT OF RECORDS LATVIA

Name and last name	
Date of birth	
Country	
Name of school	
Address of school	
Year of graduation	

	SUBJECTS	YEAR 10		YEAR 11		YEAR 12	
		1st semester	2nd semester	1st semester	2nd semester	1st semester	2nd semester
1.							
2.							
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19.							
20.							
	AVERAGE:						

I hereby certify that the information provided here is correct and valid.

Full name of the headmaster of the school

Date: _____

School stamp:

Signature: _____