

AUTHORISATION FORM FOR THE COLLECTION OF DEGREE CERTIFICATE & TRANSCRIPT

Name of Graduate
(in FULL & BLOCK letters) : _____

Degree Conferred : _____

NRIC/Passport No. : _____

Contact No : _____

I authorise, * _____, NRIC/passport no. _____
(full name)

to collect my Degree Certificate and Transcript (if applicable) on my behalf.

Signature : _____ Date : _____

**This person must present this form, duly completed and his/her NRIC/passport as proof of identity when collecting the items.*