

**AUTHORISATION FORM FOR THE COLLECTION OF DEGREE CERTIFICATE & TRANSCRIPT**

Name of Graduate  
(in FULL & BLOCK letters) : \_\_\_\_\_

Degree Conferred : \_\_\_\_\_

Matriculation No. : \_\_\_\_\_

NRIC/Passport No. : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Contact No. : \_\_\_\_\_

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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.*