

**AUTHORISATION FORM FOR THE COLLECTION OF
REPLACEMENT CERTIFICATE OR ADDITIONAL OFFICIAL TRANSCRIPT**

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

Degree Conferred : _____

Student Identification No. : _____

Birth Date of Graduate : _____

Contact No. of Graduate : _____

I authorize, * _____, NRIC/Passport No. _____,
(full name of person collecting on behalf) *(last 4 digits)*

to collect my Degree Certificate and Official Transcript on my behalf.

Signature of Graduate : _____ Date : _____

**This person must present this form, duly completed and his/her NRIC/Passport as proof of identify when collecting the documents.*