



AUTHORISATION FORM FOR COLLECTING THE DEGREE AND ACADEMIC TRANSCRIPT ON BEHALF OF THE GRADUATE

GRADUATE'S PARTICULARS

Graduand's Name: _____

Matric No. : _____

Identity Card/Passport Number : _____

Programme : _____

REPRESENTATIVE'S PARTICULARS

I hereby authorise the person as below to collect my degree and academic transcript on my behalf:

Representative's Name: _____

Matric No. : _____

Identity Card/Passport Number: _____

Relationship: _____

Graduate's Signature

Name:

Date:

DOCUMENTS ACCEPTANCE CERTIFICATE

I hereby accept the Degree and Certificate on behalf of the abovementioned graduate.

Name:

Date:

HEA Official Use Only:

Date of Record

Record by: