

AUTHORIZATION FORM
For Collection of Academic Attire / Certificate and/or Transcript by Representative

Note:

1. Graduate should complete and sign this authorization form.
2. The representative is required to:
 - a) Complete this authorization form and have it signed by the graduate
 - b) Attach a copy of graduate's MyKad/Passport
 - c) Attach the original and a copy of representative's MyKad/Passport

SECTION A : GRADUATE'S DETAIL

Name : _____
(in capital letters as per MyKad/Passport)

MyKad/Passport No. : _____

Student ID : _____

Faculty : _____

Programme : _____

Year of Convocation : _____

Email Address : _____

Mobile No. : _____

SECTION B : GRADUATE'S CONSENT

I hereby appoint the below mentioned name as my representative to collect the convocation attire on my behalf. I take full responsibility for any damage or lost of the convocation attire collected on my behalf.

Signature: _____

Date: _____

SECTION C : REPRESENTATIVE'S DETAIL

Full Name : _____

MyKad/Passport No. : _____

Relationship : _____

Mobile No. : _____

Signature : _____ Date: _____

OFFICE USE ONLY

Received by : _____ Date: _____

Collection of : Academic Attire Certificate Transcript