

**AUTHORIZATION FORM**

**For Collection of Academic 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 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 academic certificate and/or transcript on my behalf. I acknowledge that the University will not be held responsible for any claims made by me, should the academic certificate and/or transcript gets damaged or lost.

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 Certificate  Transcript