



AUTHORISATION OF RELEASE/COLLECTION OF INFORMATION BY THIRD PARTY

Document is to be submitted in with this form:

1. **Copy of Students' Identity Document (ID) or Passport (International Students only).**
2. **Original Identity Document (ID) Valid Passport (International persons only) of person collecting the academic transcript, credit certificate, examination results, graduation certificate on behalf of the student.**

SECTION I: PERSONAL PARTICULARS OF STUDENT

Student Number:

Full Name: Title:

Identity Number:

Full Name of Qualification:

Contact Number and Email Address:

SECTION II: AUTHORISATION BY STUDENT

I, the undersigned, hereby authorise the release of my information, academic transcript, credit certificate, examination results, graduation certificate or documentation, to the following person:

Third Party Full Name: Title:

ID Number/Passport Number: Contact Details:

Company (where relevant):

- A photocopy of my Identity Document is attached for your verification.
- The third party understands that he/she will be required to produce his/her identity document/valid passport/ company letter for identification and record purposes in order for DUT to release my academic transcript, credit certificate, examination results, graduation certificate.
- I also confirm that the third party, as detailed above, shall have the authority to sign for acknowledgment of the receipt (in the case of collection) of my academic transcript, credit certificate, examination results, graduation certificate.
- I accept that I shall be fully responsible for any loss or damage incurred, as a result of the release of my academic transcript, credit certificate, examination results, graduation certificate to the third party.

I declare that the information provided in this authorisation is correct and I accept and understand the terms and conditions above.

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SIGNATURE OF STUDENT
DATE

FOR OFFICE USE

Received by: Date:

Results issued by: Date:

Authorisation confirmed with Student (Yes/No): ..YES ..NO Date: