**AUTHORISATION LETTER FOR DIPLOMA PICK-UP**

**Name of Graduate:**

**Student Number:**

**Diploma Number: (Filled by Office)**

**Graduation Certificate Number: (Filled by Office)**

I, (name of graduate) , holder of Passport\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of authorized person), holder of Passport\* *(Please attach authorized person’s passport copy)*

to collect the diploma and graduation certificate on my behalf.

I have taken note of the following points relating to the pick-up of the diploma:

* The University accepts no responsibility for any loss or damage of the diploma during collection and delivery.
* The University will under no circumstances issue any duplicate or replacement of the diploma.

Signature of graduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_