

To:

Examination Department
University of Cyberjaya
Persiaran Bestari, Cyber 11,
63000, Cyberjaya,
Selangor Darul Ehsan

Dear Sir/Madam

AUTHORISATION TO COLLECT ACADEMIC TRANSCRIPT AND ACADEMIC SCROLL

I _____ NRIC/Passport No. _____
[Graduand's Name]

[Diploma/Degree/Master/PhD]

Faculty/ Centre _____

hereby agree to authorize _____ *NRIC/ Passport No. _____
[Representative's Name] *

to collect my academics transcript and scroll on my behalf from the Examination Department.

GRADUAND

Signature :
Name :
NRIC No./
Passport No. :
Contact No. :
Date :

REPRESENTATIVE

Signature :
Name :
NRIC No./
Passport No. :
Contact No. :
Date :

[Officer of Examination Department]

Date : _____

Note:

The authorised representative shall submit the following documents together with this form when collecting academic transcript and scroll:

1. **Copy of NRIC/Passport of Graduand**
2. **Copy of NRIC/Passport of authorised representative**
3. **Completed Study Completion Clearance Form**

The authorised representative will not be allowed to collect academic transcript and scroll if they fail to provide the requested documents.

