



Faculty of
ARTS and DESIGN
 Address: Ground Floor, City Campus
 Tel: (031) 373 6520

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/examination results 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 academic transcript/exam results 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/ examination results.
- I also confirm that the third party, as detailed above, shall have the authority to sign for acknowledgement of the receipt (in the case of collection) of my academic transcript/examination results.
- I accept that I shall be fully responsible for any loss or damage incurred, as a result of the release of my academic transcript/examination results 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.

.....

SIGNATURE OF STUDENT DATE

FOR OFFICE USE

Received by: Date:

Results issued by: Date:

Authorisation confirmed with Student (Yes/No): Date: