Serangoon Broadway
後港大路

AUTHORISATION FORM FOR THE COLLECTION OF ACADEMIC DRESS

I hereby authorise the bearer of this form, _____

(name in full), to collect and pay for the academic dress on my behalf.

Graduand's Full Name: _____

Student Number: _____

Degree Awarded: _____

Mobile Number: _____

Email Address: _____

_____ _____
Graduand's Signature Date

The bearer of this form must produce a copy of the graduand's student card when collecting the academic dress.

For any enquiries, please contact us at tel: 6293 3998 or write in to graduations@serangoonbroadway.com.