

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.