

AUTHORISATION FORM



Student Name	
Student ID	
FIN/NRIC/Passport No.	

I hereby authorize the below mentioned:

Name	
FIN/NRIC/Passport No.	

To collect my documents on my behalf:

Documents to be collected	<input type="checkbox"/> Certificate of.....
	<input type="checkbox"/> Transcript of
	<input type="checkbox"/> Others:

Signature & Name

Date

All Information provided to TMC will be kept strictly confidential except for those required under statutory requirements and by government authorities and relevant university partners and accreditation bodies as part of the regulatory or course requirements.