

Authorisation Request for Documents on Behalf of Student

Please complete the form in full when requesting another person to collect documents on your behalf.

Deakin College Student ID: _____ Date of Birth: _____

Family Name: _____ Given Name /s _____

Address: _____

_____ Post Code: _____

Contact Email: _____ Phone number: _____

I, _____ (your name)

authorize _____ (your proxy's name) to

collect the following document/s on my behalf:

☐ Academic Transcript

☐ Graduation Certificate

☐ Receipt

☐ Other (please name) _____

N.B. Identification with a photograph on it (e.g. passport or driver's licence) must be produced when collecting the document.

Student Signature: _____ Date: _____

I confirm that I have collected the document/s as listed on this paper for the above student.

Name: _____ Date: _____

Signature: _____ Date: _____

Office Use Only:

Document printed by _____ Date: _____

Date Collected entered on NAVIGATE _____ Date: _____