GOWN COLLECTION AUTHORIZATION LETTER

| Graduand's Details | | |
|--|---|--------------------------------|
| I, | (Name of Graduand) of the | he |
| | (Programme Code or Name) | |
| (I.C./Passport No |) residing at (address in full) |): |
| | | _ |
| (Contact No |) | _ |
| authorize: | | |
| Mr./Ms | (Parent/Siste | r/ Brother/Relative/Friend, if |
| others, please specify |) to collect my gown on m | ny behalf. |
| Gown Collector, please fill here: | | |
| I, (Name of Collector) | | |
| (Collector's I.C. No |) agree to collect the above | graduand's gown. |
| My contact details are as follows: | | |
| Gown Collector's Address : | | _ |
| | | |
| Telephone No. : (H) (O) | (M) | |
| I (Graduand) will be responsible for any | damages or loss of the graduation gown. | |
| Graduand's signature: | | |
| Name: | Date: | |
| Collector's signature: | | |
| Name: | Date: | |