

Office of the Registrar

This Consent Form is to be filled in by any Client requiring a service from the Office of the Registrar, through a Trusted Representative. Client is kindly asked to fill-in this form - using legible writing and in Blue ink – and pass it on through his/her trusted representative together with client’s own formal identification document (such as ID Card, Driving Licence, Passport or similar).

 Name and Surname of **Client** requesting service

Client’s ID Card Number

In order to facilitate communication, **Client** is kindly asked to provide his / her Mobile Number and / or E-Mail address

Mobile Number

E-Mail Address

I, the undersigned, give consent to my trusted representative – details of whom are being provided hereunder – to avail of the service noted further on, on my behalf:

 Name and Surname of **Trusted Representative**

 Trusted Representative’s
 ID Card Number

Tick [] the box/es next to the Service/s
 you are consenting your Trusted Representative to avail of on your behalf.

Collection of Course Certificate	<input type="checkbox"/>	Official Correspondence	<input type="checkbox"/>
Re-Print of Certificate	<input type="checkbox"/>		<input type="checkbox"/>
Transcript of Course	<input type="checkbox"/>		<input type="checkbox"/>
Diploma / Certificate Supplement	<input type="checkbox"/>		<input type="checkbox"/>

Other: (if not listed above, kindly provide details of the service you require)

Signature of Client

 Date in which Client
 signed the Consent Form

To be filled in at the Office of the Registrar

 Signature of Trusted Representative,
 confirming availing of service on behalf of client

 Date in which Service
 has been availed of

Transaction Number

Client’s identification document viewed

<input type="checkbox"/>

Representative’s identification document viewed

<input type="checkbox"/>

 Name of Officer at Office of the Registrar
 overseeing the transaction

Signature of Officer