

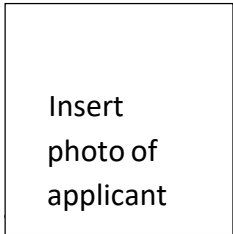


**SOKOINE UNIVERSITY OF AGRICULTURE  
OFFICE OF THE DEPUTY VICE-CHANCELLOR  
(ACADEMIC, RESEARCH AND CONSULTANCY)**

**Third Party Authorization Form  
Certificate Collection by a Third Party  
(Please attach copy of transcript)**

**Certificate Holder's Particulars**

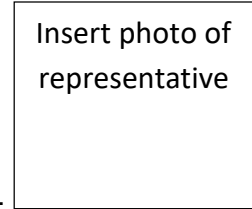
Name.....Reg. No.....  
Address.....Phone No.....  
Degree Program.....Graduation Year.....  
Signature.....Date.....



**Authorization Statement**

I .....do hereby authorize my representative;

Name.....ID Number.....  
Occupation.....Location.....  
Address.....Phone No.....  
Signature.....Date.....



to collect my degree certificates on my behalf. I confirm that my representative will submit a copy of his/her ID upon collection and original transcript for verification.

**Approved by**

DUS/DPRTC.....Signature.....Date.....

DVC ARC.....Signature.....Date.....

**Confirmation Statement**

I ..... hereby confirm that, I collected certificate/transcripts on behalf of .....on (Date).....

Signature.....