



**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

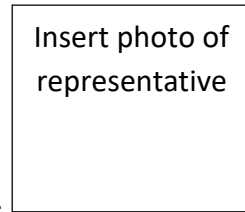
Name.....Reg. No.....
Address.....Phone No.....
Degree Program.....Graduation Year.....
Signature.....Date.....



Authorization Statement

Ido 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 ofon (Date).....

Signature.....

N.B:

- i. *The representative should either be a current student (with active registration) or staff of Sokoine University of Agriculture only. All other people will need to present the Power of Attorney to access this service.*
- ii. *The Management reserves the right to accept or reject any application through this form.*