

# CONSENT FORM FOR THE COLLECTION OF CERTIFICATE AND TRANSCRIPTS

TECHNOLOGY  
COLLEGE SARAWAK (TCS)



## GRADUATE'S PARTICULARS

Name of Graduates: \_\_\_\_\_

MyKad / Passport No.: \_\_\_\_\_

Programme: \_\_\_\_\_

Year of Convocation: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

## REPRESENTATIVE'S PARTICULARS

I hereby authorize the person below to collect my Diploma / Degree Certificate and Transcripts:

Name of Representative: \_\_\_\_\_

MyKad / Passport No.: \_\_\_\_\_

Relationship: \_\_\_\_\_

## GRADUATE'S CONSENT

I am aware that **Technology College Sarawak** issues the Diploma/Degree certificate only once. I hold myself fully responsible for granting this written consent for collection of the Diploma/Degree certificate by a representative. I acknowledge that **Technology College Sarawak** will not be held responsible for any claims made by me, should the certificate gets damaged or lost.

Graduate's Signature :

Date :

## PLEASE ATTACH THE FOLLOWING DOCUMENTS

- ☐ A copy of Graduate's MyKad / Passport
- ☐ A copy of Representative's MyKad / Passport