



# Authority to Collect Documents

Student Identification Number

I   
(full name)

of   
(address)

in the State of

Telephone (home)  Telephone (work)

Mobile

give my permission for the following person   
(full name)

of   
(address)

To collect the following document(s) on my behalf

Student signature

Date   /   /

Your agent **MUST** produce **PHOTO ID** to collect the above document(s). If you wish another person to collect the document(s) please provide them with a note signed by yourself to that effect.

## OFFICE USE ONLY - CONFIRMATION OF AUTHORITY

Please tick all check boxes if, checked and are correct.

- Agent's Authority checked       Photo ID Provided       Document(s) collected, as listed above

Comments

If different to those listed above please list here

Any issue arising

Action taken

Student Administration Staff Member

Signature

Date   /   /