



**SOKOINE UNIVERSITY OF AGRICULTURE  
COLLEGE OF FORESTRY WILDLIFE AND TOURISM**

**Third party Authorization Form  
Transcript Collection by a Third Party  
(Please attach copy of identity)**

**Partial /Full Transcript Holder's Particulars**

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

Insert  
photo of  
application

**Authorization Statement**

I .....do hereby authorize my representative:

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

Insert  
photo of  
representative

To collect my Partial/Full Transcript on my behalf. I confirm that my representative will submit a copy of his/her ID upon collection.

Approved/Not Approved by

**PRINCIPAL, COLLEGE OF FORESTRY, WILDLIFE AND TOURISM**

Name.....Signature.....Date.....

**Confirmation Statement**

I..... hereby conform that, I collected Partial/ Full Transcripts  
on behalf of .....on (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.*