



**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

Ido 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

Signature.....Date.....

Confirmation Statement

I..... hereby conform that, I collected Partial/ Full 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.*