



Student Centre - Transcript Authorisation Letter

I, _____
Student's Full Name

Student ID (if known)

Date of Birth

give authority to _____
Name of person you are authorising (proxy)

to purchase and/or collect _____ Academic Transcripts on my behalf.
Number of transcripts

My contact details are: _____
Phone/Mobile

Email

Signature: _____ Date: _____

A document bearing the student's signature (e.g. copy of passport or driver's license) **must accompany this form**. Photo ID of proxy must be presented at time of collection.

Office Use Only

Action Taken:

Collected / Other

Date:

Initials:

Once completed, give this signed form to your proxy or return it to the Student Centre by **fax (+612) 8627 8279**, email: student.centre@sydney.edu.au (**Note: Scanned versions must have a handwritten signature - not typed**) or mail: Student Centre, Jane Foss Russell Building, G02, University of Sydney NSW 2006, Australia. If you require further information, please contact the Student Centre on **(+612) 8627 8200**.