



RELEASE OF TESTAMUR / ACADEMIC TRANSCRIPT

Student ID Number: _____ Date of completion: _____

Given Name: _____ Family Name: _____

Please provide the following contact details so that we are able to contact you after you have graduated:

Address: _____

Email: _____

Home phone: _____ Mobile: _____

Course : Master of Design Major: _____
 Bachelor of Arts Major: _____
 Bachelor of Design Major: _____
 Associate Degree Major: _____

Requesting: Academic Transcript Testamur Certificate of Attainment

I will collect the above documents in person

I authorise for the above documents to be posted to:

Given Name: _____ Family Name: _____

Address: _____

I authorise for the above documents to be picked up by:

Name: _____ Relation to Graduand: _____

Signature of Authorised person: _____ Date: _____

I hereby declare that Raffles College of Design and Commerce will not be held responsible for documents lost in the post. I understand that I will be charged a fee to replace any lost documents.

Graduands Signature: _____ **Date:** _____

Office use only

Accounts Department

Not approved Amount of fees owed: _____ Signature: _____ Date: _____

Approved No fees owed: _____ Signature: _____ Date: _____

Registrar

Not approved Library fines owed: _____ Signature: _____ Date: _____

Approved Signature: _____ Date: _____

Student Services Manager

Processed: Signature: _____ Date: _____

Testamur Issue No: _____