## AUTHORISATION FORM FOR THE POSTING OF DIPLOMA \& ACADEMIC TRANSCRIPT

I, the undersigned, would like to authorise the Examinations Office to mail my diploma, academic transcript and prizes (if any) to the address stated below.

I understand that no replacements will be made by the Examinations Office if any of these documents are damaged or lost.
$\qquad$
Signature of Graduand

Full Name of Graduand

Diploma Course Name

Preferred Contact Number

| Date |
| :---: |
| SP Admission No./ NRIC/ Passport No. |
| Year of Graduation |
| E-mail Address |

Please print clearly in the space below the address where you'd like your documents to be sent to:
$\qquad$
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$\square$
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I confirm that the above information is correct. I have also enclosed with this form certified true copies of my final year exam result slip and NRIC/Passport/SP Student Admission Card.

## One Stop Centre

Block T16, Level 2 - located at the end of the Dover MRT Station linkway.

## OPENING HOURS

Mondays - Fridays: 8.30 am to 5.30 pm
Eve of Major Public Holidays: 8.30 am to 12.30 pm
Saturdays, Sundays \& Public Holidays: Closed

General Enquiry Line:
67751133
Email:
contactus@sp.edu.sg

