



**GFP** EVENTS

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## COLLECTION AUTHORISATION FORM FOR ACADEMIC DRESS

Graduand Name:

Student ID:

Date of Birth:

Phone Number:

Email:

I ..... hereby authorise the person below:

(Full name of Graduand)

..... Ph:.....

(Full name of Collection Agent)

(Phone Number of Collection Agent)

to act on my behalf with regard to the collection of my Academic Dress items and for this purpose only.

Graduand Signature: ..... Date: .....

Proxy Signature: ..... Date: .....

All authorised Collection Agents must present photographic identification when collecting Academic Dress on behalf of the Graduand.

*The information provided on this form will be discarded upon the completion of the relevant graduation ceremony or if notice is given by the Graduand that the authorisation is no longer applicable.*

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