



THE UNIVERSITY OF
SYDNEY

Student Central
Faculty of Health Sciences
Cumberland Campus (C42)
PO Box 170 Lidcombe NSW 1825 AUSTRALIA
Telephone: +61 2 9351 9161
Facsimile: +61 2 9351 9412
Web: http://sydney.edu.au/health_sciences/

Transcript Authorisation Letter

I, _____
Student's Full Name

Student ID (if known)

Date of Birth

Address

hereby authorise Mr. / Ms. _____
Name of person you are authorising (proxy)

to purchase and/or collect my Academic Transcripts on my behalf.

My contact details are: _____
Mobile

Email Address

Signature: _____ Date: _____

Photo ID of proxy must be presented at time of collection.

The completed form can be returned:

- In person at the time of collection to *Student Central Enquiry Counter, Ground Floor, 'F' Block Monday - Thursday 10.00am - 4.00pm; Friday 10.00am - 2.00pm*
- By fax to +61 2 9351 9412
- By email to 'Ask A Question' at http://sydney.edu.au/health_sciences/current_students/index.shtml (*Scanned versions must have a handwritten signature - not typed*)
- By post to *Student Central, Faculty of Health Sciences, the University of Sydney, P.O. Box 170, Lidcombe NSW 1825, Australia.*