Student Services
The University of Western Australia
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CRAWLEY WA 6009

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Email askuwa

CRICOS Provider Code: 00126G

Third party to complete

I, _____ representative of,_____ am seeking to verify the award of, _____ from the University of Western Australia.

I understand verification will not be provided without student consent and payment, and future requests will require new consent and payment.

Student/ graduate to complete

I _____ (student ID _____) authorise the University of Western Australia to verify the following details to (company and/or contact) _____.

I have **graduated**
I consent to the below details being shared

- ☐ Conferral Details *(name on certificate, award title and date)*
- ☐ Nominated Attendance Type
- ☐ Campus
- ☐ Commencement Date

I have **completed my degree**, but not graduated
I consent to the below details being shared

- ☐ Course Details *(name on transcript, course title & completion date if available*
- ☐ Nominated Attendance Type
- ☐ Campus
- ☐ Commencement Date

If more information than the above is required, such as WAM or units completed a student/graduate can order and share their academic transcript. No further information can be provided through the award verification process.

I understand this is a one-time authorisation of this release and that I may be contacted by UWA to verify my signature / identity.

Signature of student: _____ Date: _____

*Digital signatures **not** accepted*

Contact Email of Student: _____