Authorization letter:

From: Date:

Name :
Register No :
Branch :
Postal Address :

To: The Registrar,
SASTRA UNIVERSITY,
Thanjavur-613 401.

Dear Sir,

I hereby authorize ……, residing at …… to complete all formalities and collect my **Transfer Certificate/ Cumulative & Semester Grade Sheet and Provisional Certificate** on my behalf.

SASTRA is no way responsible for any loss of the said documents after it is being handed over to the authorized representative.

Thanking you,

Yours faithfully,

(Name & Signature of the Student) *(Name & Signature of the authorized representative)*

Please ensure that your authorized representative is in a position to settle all the dues, before collecting the original documents and presents a valid Photo ID during the time of collection.

Wishing you good luck in your future endeavours.