

FORM SAS.



❖ REQUEST FOR VERIFICATION OF USP QUALIFICATION

This form is also available from the USP website address: <http://www.usp.ac.fj/student>

Student ID Number:

PERSONAL DETAILS

Last Name:	First Name:	Middle Name:	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Telephone:

Fax:

Email:

REQUEST DETAILS

Organisation requesting verification: _____

Reference Number: _____ Receipt No.: _____

Address details: _____

I hereby authorise the University of the South Pacific to release information relating to my academic records to the organisation stated above.

Applicant's Signature: _____ Date: _____

Notes:

1. There is a fee for each verification request, please see your local campus for the current fee.
2. Processing of your verification will take 5 working days.

FOR OFFICIAL USE

Verification staff: _____ Date: _____

Completed Request for Verification of USP Qualification Form should be sent to:

REQUEST FOR VERIFICATION
Student Academic Services
The University of the South Pacific
Laucala Campus
Suva, FIJI.