



Tertiary **Scholarships**
& **Loans** Service
Empowering Fiji's Future

+679 892 1240

Unit 36-37, Level 1, Garden City Complex, Raiwai

mytsls@tsls.com.fj

www.tsls.com.fj

GRADUATE DECLARATION FORM

I, _____ (Name) of _____ (place of residence) hereby authorize TSLs to disclose my personal academic information to relevant potential employers.

Please provide the following details. The information submitted to organisations will include but is not limited to:

Full Name	
Program of Study (Major/Minor)	
Higher Education Institute	
Date of Graduation	
TSLs Scheme under which you were sponsored/funded	
Email Address	
Phone Contact (Optional)	

I **agree/disagree** for my phone number to be shared with potential employers.

(Provide recent contact if you wish for this to be shared with potential employers)

I understand that the information shared by TSLs will be explicitly used by potential employers for contact purposes should there be vacancies available and relevant to my qualifications.

Signature: Date:

TIN:

Name of Witness: Date:

Contact: