UNISA university of south africa

DSAR29

Application for a letter confirming the completion of a qualification

Please note: You must attach a copy of your ID to the form. No third party requests will be accepted.

Unisa student number					-				-				
Initials & surname													
South African ID number													
Passport number (foreign students)													
Language of printout	English		Afrikaans										
Confirmation of qualification required													
Must the request be	**E-mailed** (provide e-mail address)												
	Posted (provide postal address)												

Student consent in terms of the Protection of the Personal Information Act No 4 of 2013:

1. I declare that all the personal information furnished by me on this form are true and correct, and I undertake to inform Unisa of any changes in my personal information.
2. I undertake to comply with all the rules, regulations and decisions of the university and any amendments thereto and I have taken note of advice which may be applicable to students in general.
3. I, as a student registered at Unisa or an applicant intending to study with Unisa, hereby consent that Unisa may collect, use, distribute, process my personal information for all required academic processes pertaining to my application or registration to study with Unisa, which may include, but is not limited to:
   3.1 internal administrative processing;
   3.2 institutional and scholarly research; and
   3.3 funding submissions.
4. I also consent that Unisa may share my personal information with the Matriculation Board and Admissions Committees, Higher Education South Africa, the Department of Higher Education and Training, the Council on Higher Education, the South African Qualifications Authority, other public higher education institutions, Qualification Verification Agencies, professional bodies, third parties rendering various services to the university and legal entities which may lawfully require such information for legal obligations and/or investigations.
5. I understand that in terms of the Protection of Personal Information Act (POPIA) and other laws of the country, there are instances where my express consent is not necessary in order to permit the processing of personal information, which may be related to investigations, litigation or when personal information is publicly available.
6. I will not hold the university responsible for any improper or unauthorised use of personal information that is beyond its reasonable control.
7. I confirm that I have read the notice and understand the contents.
   Note: The nature of personal information collected can be viewed in the Personal Information Inventory Lists published on the Unisa webpage at www.unisa.ac.za

Signature		Y	Y	Y	Y	M	M	D	D

This form should be submitted via e-mail to study-info@unisa.ac.za
Please include your student number and the name of the form (DSAR29) in the subject line of the e-mail.