



Vice-Chancellor & President
National University of Samoa

AUTHORISATION FORM

I, _____ (Applicant’s name), authorize the Selection Panel for the above position to undertake all necessary background and verifications checks in relation to my application for the position of Vice – Chancellor & President, National University of Samoa.

I can be contacted for all matters relating to this position on the following:

- Home / Work Address: _____
- Telephone: _____
- Mobile: _____
- Email: _____

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Signature

.....
Date