

	QUALIFICATION VERIFICATION CONSENT FORM	Document No.	DBD.P01.F02
		Issue No.	01
		Effective Date	23.08.2021

Botswana Qualifications Authority (BQA) is mandated to evaluate and register local and external qualifications. The process involves verification of authenticity of qualification holders by awarding bodies. The purpose of this form is to give consent for the release of information to BQA on acquired qualification(s).

(Please complete and send this form to the Institution that awarded your qualification).

(a) Details of the qualification Holder

Full Names of Qualification Holder	
Student Number	
Date of Birth	
Email Address	
Contact Number	

(b) Details of the Qualification to be verified

Name of Awarding Body	Name Qualification Awarded	Enrolment Year	Graduation Year

I..... *(Name of student)* hereby authorize and request
..... *(Name of Awarding Body)* to release information on my academic
standing / records to Botswana Qualifications Authority for purpose of verification of my
qualification(s)The information should be sent to Botswana Qualifications Authority email address:
verifications@bqa.org.bw

Carbon Copy (CC): Applicant's email.....

Applicant signature: **Date**