KENYA INSTITUTE OF MASS COMMUNICATION
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GRADUATION PERSONAL INFORMATION DECLARATION/CONSENT FORM

(Please indicate the Right Information in the Space Provided)

Item	Student Profile Information		
Name of Graduate			
Admission Number			
ID (Identity No /Passport No.)		Mobile Number	
Email Address			
Gender		Date of Birth	
Contact Address			
Country of Origin			
County		Sub - county	
Ward			
Title of Qualification			
KNQF Level		Qualification Type	
Field of Study			
RPL/Formal		Grade	
Enrolment Year		Year of Graduation	

Student Declaration and Consent

I hereby declare that the information I have provided is true and correct to the best of my knowledge. I also grant permission to the KIMC to share and upload my personal and academic details to the Kenya National Qualifications Authority (KNQA) website portal or any other agency for verification, Statutory and recognition purposes.

Name: ..... Signature: ..... Date: .....