P.O. Box 103-40404



OFFICE OF THE REGISTRAR, ACADEMIC AFFAIRS

Tel. 0770308255

RONGO, KENYA Cell: 0771798227 Web: www.rongovarsity.ac.ke. Email: regaa@rongovarsity.ac.ke Date: _____ Our Ref. Your Ref. NAME CONFIRMATION FORM Dear Sir/Madam _____ADM No. _____ National Identity Card Number _____ Mobile Number ____ do hereby confirm that the above stated is the correct order and spelling of my name as used in the Kenya Certificate of Secondary Examination and should be used in the processing of my University degree/ diploma certificate. **IMPORTANT** Each Graduand must attach a clear photocopy of their Kenya Certificate of Secondary Education (K.C.S.E.) Please note that where the name declared above differs from that in the K.C.S.E certificate, the University shall use the one in the K.C.S.E. certificate. Signature of Graduand ______ Date _____ FOR OFFICIAL USE Designation _____ Name

Signature _____ Date ____