



Delegation (Third Party Authorization to Act on Behalf of Student)

STUDENT INFORMATION

ID#: _____ Name: _____
 Program Type: Undergraduate Graduate Major: _____
 Mobile#: _____ Email: _____

AUTHORIZED PERSON INFORMATION

ID#: _____ Name: _____
 [Third Party Official ID]
 Mobile#: _____ Email: _____

Instruction:

A copy of the student and authorized person identifications must be attached with the form.

Materials to be received by the Authorized Person

	MATERIAL TITLE	Qt.		MATERIAL TITLE	Qt.
1			6		
2			7		
3			8		
4			9		
5			10		

I consent to disclose the above material(s) to the mentioned authorized person.

Student Signature: _____ Date: _____

Authorized Person Signature: _____ Date: _____

REGISTRATION OFFICE COMMENT

 Registration Office Signature: _____ Date: _____