

Authorization Letter

I, (Name) _____ I.D. No. _____ Student No. _____

hereby authorize (Name) _____ I.D. No. _____

to apply for /collect _____

I declare that the information provided in this authorization letter is true and correct; I have also acknowledged and understood the Personal Data Collection Statement.

Signature: _____

Date: _____

Contact No. _____

- Note
- 1. Student must sign on this Authorization Letter in order to be valid.
- 2. Please submit the [are thatsube15-2(-)].