

AUTHORIZATION FORM

IDENTIFICATION

I, the undersigned _____
Name and first name of applicant

currently residing at _____
Complete address

hereby authorize _____
Name and first name of representative

currently residing at _____
Complete address

to pick up the requested report card(s) and/or attestation letter on my behalf.

Signature of applicant Telephone Date (Y-M-D)

Signature of representative Telephone Date (Y-M-D)

INFORMATION

- The representative will be requested to show a photo identification.

ACCEPTABLE IDENTIFICATION

- | | |
|--|--|
| <ul style="list-style-type: none">• Driver's licence• Health Insurance Card | <ul style="list-style-type: none">• Passport• Other |
|--|--|