

Power of Attorney

The authorizer please writes the power of attorney by yourself for your right and protection.

Subject: To authorize	Date/
To: Registrar	
Name Mr. / Mrs. / Miss	Student ID
Faculty	Major
Tel	
Identity card [][][][][][][][][][][][1[]
Level of Study	nate in the semester Academic year
Current address:	
House No Village No	LaneRoad
Sub-district/ Sub-area	
Province Postal Co	de
Hereby authorize and appoint (Mr/ Miss/ Mrs)	
Tel (The proxy)	
Identity card of the proxy [][][][][][][][][][][][]	
To collect for the following documents(s)	
☐ Transcript ☐ Certificate of academic degree completion ☐ Course Description	
☐ Certificate of student status ☐ Oth	ers
	Signature The authorizer
	Date/
	Signature The proxy
	Date/
	Signature The witness
	Date/
Procedure	
1. The authorizer complete the form.	
2. Identify the document(s) would be collect	ed by the proxy
3. The authorizer must attach a signed copy of either student I.D. card or I.D. card with certified true copy.	
	ther student I.D. card or I.D. card with certified true copy.