

Date :

BURSAR

Universiti Selangor (UNISEL)

Dear Sir / Madam,

LETTER OF AUTHORIZATION

I, _____ / _____ / _____
(Full name) *(Student Id)* *(Faculty & Programme)*

hereby authorize the person as per detail below , to collect my behalf the Settlement of Fees Form as per request. The person details as per below :

Name:	
Identity Card No:	
Student Id:	
Faculty:	
Programme:	
Address:	
Telephone No:	

I also confirm that my representative shall have the authority to sign for acknowledgement of the receipt of the said document. I understand that i shall be fully responsible for the undelivered, if any, of the said document from my representative.

Your faithfully,

_____ (signature)

****Copy of Identity Card / Student Card collector is required***

****Please delete as appropriate***