Date : _____

REGISTRAR

Universiti Selangor

Dear Sir,

LETTER OF AUTHORIZATION

I, _____/_____/_____

(Full Name) (Student ID) (Programme)

hereby authorize the person as per details below, to collect on my behalf the Academic Certificate as per request. The person details as below:

Name	
MyKAD/ Passport No	
Address	
H/P 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.

Yours faithfully,

_____

(signature)

*** Copy of representative's MyKAD/ Passport is required**