

AUTHORIZATION TO PICK UP DOCUMENTS

I, the undersigned _____
Student Identification No. _____ born in _____ (Province of _____)
on _____ resident in _____ (Province of _____)
Street _____ no. _____ postal code _____
telephone _____ mobile _____

AUTHORIZE

Mr./Mrs./Ms. _____
born in _____ on _____

to pick up the following documents on my behalf:

releasing the University from all liability in this regard.

Attachments:

- Copy of **delegant's identification document**;
- Copy of **delegate's identification document**.

Date _____

Signed _____
(delegant)