

AUTHORIZATION FORM

IDENTIFICATION

I, the undersigned _____
Name and first name of the applicant

currently residing at _____
Complete address

hereby authorizes _____
Name and first name of the representative

currently residing at _____
Complete address

to pick up my report card(s) and/or achievement record on my behalf.

Signature of the applicant

Telephone

Date (Y-M-D)

Signature of the representative

Telephone

Date (Y-M-D)

INFORMATION

- The applicant must attach a photocopy of a photo identification to this form.
- The representative will also be requested to show a photo identification.

ACCEPTABLE IDENTIFICATION

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

IMPORTANT NOTICE: Requests submitted by email will not be accepted