



Office of the Associate Dean for Mentoring Academic Progress and Advancement

GRADUATE OFFICE

AUTHORIZATION LETTER

Date: _____

To whom it may concern:

This is to authorize to person identified below, to process the following activities on my behalf:

- Request for True Copy of Grades / Certification / Diploma
- Claim of True Copy of Grades / Certification / Diploma
- Process my enrollment / AWOL / Dropping / LOA
- Others: Please specify

Indicate reason why authorizing person cannot process the activity himself/herself.

Signature over Printed Name
of Authorized Person

Signature over Printed Name
of Authorizing Person

**Attached Photo copy of I.D. with signature of authorizing and authorized person*