

AUTHORIZATION

Date: _____

The REGISTRAR

Ateneo de Zamboanga University
Grade School
Kreutz Campus, Tumaga
Zamboanga City

Dear Sir/Madam:

Please be advised that I am officially AUTHORIZING the bearer, _____
(Name of Authorized Individual)

whose signature is found hereunder to receive for and in my behalf the _____
(Specific document/data)

of my child, _____ of _____:
(name of student) *(Grade and section)*

Very truly yours,

(Signature over Printed Name of Parent)

Authorized Individual's Specimen Signature

(Must be accompanied by a valid ID)