

# Authorization Form

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to act as a representative on my behalf to submit an application for  
(Only one item can be selected per Form)

- Setting up faculty or staff email account
- Change of password for email account
- Setting up and resumption of use of unit email account
- Preservation of email account for student on leave
- Student dormitory network account
- Faculty, staff or student campus WLAN account
- Total amount and details of paid calls via campus phones
- Others \_\_\_\_\_

Hereby submitted to

Computer & Communication Center

Signature of Person Authorizing: \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_

Personal ID number of Person Authorizing: \_\_\_\_\_

ROC year \_\_\_\_\_, \_\_\_\_\_ month \_\_\_\_\_ date