WITTEN AUTHORIZATION FORM
GRADUATION GOWNS & HOODS

Please note that this form is only to be completed if authorizing someone other than yourself to pick-up your graduation gowns/hoods on your behalf (if you cannot pick them up yourself). Be sure that all information is filled out completely in order for the request to be processed in a timely manner. If your form is illegible or your contact information is not current, your request will be delayed.

NAME: ____________________________________________________________________________________________
(SURNAME) __________ (FIRST NAME) __________ (MIDDLE INITIALS) __________ (Mr./Ms./Mrs.)

STUDENT’S I.D. NUMBER: ________________________ FACULTY: ________________________

CONTACT NO.: ________________________ (C) ________________________ (W) ________________________ (H)

E-MAIL ADDRESS: ______________________________________________________________________________

I authorize ____________________________________ to collect my gowns/ or hoods.

(THE PERSON’S ID WILL BE CHECKED)

SIGNATURE: ________________________ DATE: ________________________

FOR OFFICIAL USE ONLY

DATE: ________________________
RECEIPT #: ________________________
AMT PAID: ________________________
RECEIVED BY: ________________________

DATE DISPANCED: ________________________
DISPATCHED BY: ________________________