KAINAN UNIVERSITY Letter of Authorization

I ______ am unable to personally attend to matters at the school due to unavoidable circumstances. I hereby authorize _____[Ms./Mr.] as my agent to handle all necessary documentation and related affairs on my behalf. I have no objections to this arrangement and hereby declare my consent.

Yours sincerely

KAINAN UNIVERSITY

Principal :
Agent :

Phone Number :
Phone Number :

Signature or seal :
ature or seal :

Image: transformation of the image: transf

* Photocopies of supporting documents may be replaced by copies of documents containing a photograph and personal identification number, such as a driver's license or health insurance card, on both the front and back sides.

X If the content of this Power of Attorney and the attached documents are found to be forged, misrepresented, or involved in any related misconduct, once verified, the school reserves the right to pursue legal action.