Authorization Letter

Date (YYYY/MM/DD) / /

Applicant (Student)

|  |  |
| --- | --- |
| Address |  |
| Full Name(Self-Written) |  |
| Seal or Signature |  |

The applicant above hereby authorizes the person below as a proxy to make an application to Shizuoka University for certificates and to receive the issued certificates specified by the attached “Certificate Application Form” (application date: / / ).

 Proxy

|  |  |
| --- | --- |
| Address |  |
| Full Name |  |
| Phone Number |  |
| Relationship with Applicant |  |

\*\* Documents without a self-written “Full Name” and “Seal or Signature” by the applicant will be considered invalid.