

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.