



SAN BEDA UNIVERSITY

Office of the Registrar

AUTHORIZATION LETTER

This is to authorize, _____ to request for and claim my (document/s requested) _____ in my behalf.

Further, I hereby render free and release the San Beda University officials and employees from any and all liability in connection with the release of my academic records to my representative.

Name of Requester:

Name of Representative:

Signature over printed name

Signature over printed name

Date: _____

Date: _____