## Authority for Dormitory Check-Out

Applicant's Name:		(signature) Student ID:			
I am unable to reach	D	orm, Room	Bed	to complete	
dormitory check-out proce	dure and	clear my room,	therefore I he	reby authorize	
	(name)	to act on my b	ehalf to handl	e my personal	
belongings and the process	of check	-out.			
Applicant's Name:					
Applicant's ID/Residence	Permit No	0:			
E-mail:	Phone No. (Mobile):				
Address:					
Authorized Name:					
Authorized Person's ID/Re	esidence F	Permit No:			
Student ID:		(skip if no	one)		
E-mail:	Taiwan Phone No. (Mobile):				
Address:					
	Data		/	/	
	Daic.	(Month)	(Day)	(Year)	