PLEASE Complete ALL of the following fields.

First Name:
Last Name:
Student ID#:
Address, Postal Code:
Phone:
Email:

I, the person listed above, authorize the person below to pick up my book(s)/cheque(s).

Signature of Applicant: ____________________________ Date: _______________________

*First Name:
Last Name:
Student ID#:
Address, Postal Code:
Phone:
Email:

Signature of person picking up book(s)/cheque(s): ________________________________
Date: ________________.

* Please bring photo ID for confirmation.

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