

# WUSA Used Books

## WUSA Used Books Book/Cheque Pick Up Authorization Form

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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