

Date of Application : ____yyyy__ mm __ dd

I _____ , For the students who are studying/working at University, the identity :

student , student ID :

teacher , employee ID :

staff , employee ID :

For something reason , I can't go to the cabinet to change the password of the single check-in system ,

Commissioned _____ Behalf of the implementation, with my double documents as follows ,

First document (Please tick): Staff card student card

Second document (Please tick): identity card driver's license health ID card
other documents

Perform a **Single Sign-On** system password change on behalf of.

I: _____ (signature)

trustee: _____ (signature)

recipient :

Receipt date : ____yyyy__ mm __ dd