

Tokyo International University
President

CONSENT FORM

In filling out this form, I designate the person listed below as a representative in submitting an application and / or receiving a certificate on my behalf.

* response required

REPRESENTATIVE	
NAME*	
BIRTHDAY* (MM/DD/YYYY)	
RELATION TO APPLICANT*	
ADDRESS*	〒 -- TEL (cell phone): -- --

The applicant certifies that the above information is true and correct.

APPLICANT	
NAME*	
BIRTHDAY* (MM/DD/YYYY)	
ADDRESS*	〒 -- TEL (cell phone): -- --
REASON(S)*	<i>Please indicate the reason for using a representative.</i> <hr/> <hr/> <hr/>

APPLICANT SIGNATURE

____ / ____ / _____
MM DD YYYY

※ Both representatives and applicants are required to provide a copy of a government-issued photo ID.