Delegation of Printing Exams

**To : Copying Services**

From :

Department :

Cost Center :

Date :

By means of this delegation memo; I (name, title and ID card number), delegate the authority herein described to the (name, title and ID card number) on the following terms and conditions:

1. (Name) may copy, print receive exams from AUC copy centers on my behalf for either specific exam (Pls. specify) or specific period.
2. The effective date of this delegation is (Pls. specify) and shall run until date (Pls. specify) or to be revoked by official delegation.
3. The authority delegated herein is not subject to sub delegation without my prior and express written consent.
4. The delegation is made pursuant to the Copying and printing services policy and is subject thereto.

Signature

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Name, title and ID card number Department

Stamp