

UNIVERSITY OF THE PHILIPPINES VISAYAS
Miag-ao, Iloilo
RESIDENTIAL SERVICES UNIT

Dormitory

Date

AUTHORIZATION

I hereby authorized Mr/Ms. _____ of _____
Name of Representative *Address*
to transact business in my behalf in the dorm. He/she is allowed to open my locker, pack up, pull out, or
endorse my baggage to the dorm personnel for storage for the following
reason/s:_____.

Signature over Printed Name

Course and Year

Student Number

Contact Number

Witness: _____
Signature over Printed Name

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WAIVER

I _____ of _____ understand
(Name of Student) *(Address of student)*
that the dorm personnel/University will not be held liable for any loss or damage of my belongings left in the dorm.

I agree that the dorm will keep my belongings in a separate room provided for storage until the enrollment period of the First Semester, AY2020-2021.

I agree that after the enrollment period and I have not communicated with the dorm personnel regarding the pull-out of my baggage from the dorm, the dorm has the right to dispose of my baggage even without my consent.

Signature over Printed Name

Course and Year

Student Number

Contact Number

Witness: _____
Signature over Printed Name

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**LIST OF BELONGINGS FOR SAFEKEEPING IN THE DORM FOR TEMPORARY STORAGE:** (Please specify)