**\*Only submit if you have already received the handout from your school.**

FORM 3

Letter of Proxy

Date (Reiwa Year:\_\_\_ Month:\_\_\_\_ Day:\_\_\_\_)

To: President of the Japan Student Services Organization (JASSO)

I hereby authorize my school to act on my behalf to receive the Emergency Student Support Handout requested in this application.

School: Dept./Faculty/Graduate School:

Student ID #

Signature: