Date:

To

The Controller of Examinations

Khulna University of Engineering & Technology

**Subject: Letter of Authorization.**

Dear sir,

With due respect I would like to authorize Mr./Dr./Prof. ……………………..,  Lecturer/ Assistant Professor/ Associate Professor/ Professor Department of ………………………. to receive my Academic documents on behalf of me from your office.

May I hope that, you would be kind enough to handover the documents to the authorized person and oblige me thereby.

Thanking you,

Sincerely

Name:

Roll:

Department: