

# 114 學年度行政滿意度暨服務品質問卷調查抽獎領獎委託書

本人\_\_\_\_\_因故不克親自領取「114 學年度行政滿意度暨服務品質問卷調查」獲獎獎項，茲委託受託人\_\_\_\_\_代為領取獎項。受託人代領時，應出示受託人之學生證、職員證或其他相關身分證明文件，並檢附本委託書，以供查驗。

## 一、委託人資料

姓名：\_\_\_\_\_ 身分別： 學生  教師  職員

學號／員編：\_\_\_\_\_ 聯絡電話：\_\_\_\_\_

電子郵件：\_\_\_\_\_

獲獎獎項： 漢來海港餐券  統一超商 800 元商品卡  
 全家便利商店 200 元禮物卡  全家便利商店 100 元禮物卡

## 二、受託人資料

姓名：\_\_\_\_\_ 身分別： 學生  教師  職員

學號／員編：\_\_\_\_\_ 聯絡電話：\_\_\_\_\_

## 三、委託事項

本人同意委託上述受託人代為領取本次獲獎獎項，並確認受託人於領取獎項後，即視同本人已完成領獎程序。若因委託代領所生之相關責任或爭議，概由本人自行負責。

此致

永續發展辦公室 校務永續組

委託人簽名：\_\_\_\_\_

受託人簽名：\_\_\_\_\_

中 華 民 國 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

# Authorization Letter for Prize Claim 2025-26 Academic Year Administrative Satisfaction and Service Quality Survey

I, \_\_\_\_\_, am unable to claim the prize won in the “2025-26 Academic Year Administrative Satisfaction and Service Quality Survey” in person. I hereby authorize the representative, \_\_\_\_\_, to claim the prize on my behalf. When claiming the prize, the authorized representative shall present their student ID card, staff ID card, or other valid identification documents, and submit this authorization letter for verification.

## 1. Authorizer Information

Name: \_\_\_\_\_ Status:  Student  Faculty  Staff

Student ID / Staff ID No.: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Prize Won:  Han-Lai Harbour buffet voucher  7-Eleven TWD 800 voucher  
 FamilyMart TWD 200 voucher  FamilyMart TWD 100 voucher

## 2. Authorized Representative Information

Name: \_\_\_\_\_ Status:  Student  Faculty  Staff

Student ID / Staff ID No.: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## 3. Authorization Statement

I hereby authorize the above-mentioned representative to claim the prize on my behalf. I acknowledge that once the authorized representative has claimed the prize, the prize claim process shall be deemed completed by me. I shall be responsible for any related liabilities or disputes arising from this authorization.

To:

Division of Sustainable Institutional Research

Office of Sustainability

Authorizer's Signature: \_\_\_\_\_

Authorized Representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_