



Asian Institute of Technology
GRADUATION PHOTO FORM

Date of Request: _____ ID Number: _____

Name: _____ Field of Study _____

	Rate/copy	Total Amount
<input checked="" type="checkbox"/> 1 Group photo and 1 photo during degree conferral, size 5 x 7"	B 200	B 200
If to be mailed: <input type="checkbox"/> Registered international mail (add B50) <input type="checkbox"/> Registered local mail (add B35)		
TOTAL AMOUNT		

For Finance: (Credit to account 10 7 005 507 08002 536 9999)

The photographs will be collected by: me authorized person.
(If to be collected by an authorized person, please indicate the name and ID)

Name

ID No.

If to be mailed, please indicate the recipient's name and address:

Name: _____

Address: _____
