

Authorization Letter

Date: _____

Chow Yei Ching School of Graduate Studies
City University of Hong Kong

Dear Sir/Madam,

I, _____ / _____ / _____
(full name) (CityUHK student number) (programme code)

hereby authorize _____ / _____
(name of the person) (HKID or Passport number)

to apply for/collect on my behalf: *(Please tick as appropriate)*

☐ award certificate

☐ academic transcript: _____
(no. of copies)

☐ testimonial: _____
(no. of copies)

☐ letter of certification: _____
(no. of copies)

☐ Others *(please specify)*: _____

A photocopy of my Student ID Card/HKID Card/Passport is attached for your verification and it will be returned to my representative after inspection.

My representative understands that he/she will be required to produce his/her HKID card or passport for identification and record purposes when applying for/collecting the said document(s) on my behalf.

I also confirm that my representative shall have the authority to sign for acknowledgement of the receipt of the said document(s). I understand that I shall be fully responsible for the non-delivery, if any, of the said document(s) by my representative.

In addition, I understand that this authorization is valid up to six months from the date of submission and information provided will be used by the University for checking of records as stipulated in the Personal Information Collection Statement (PICS) for Students (<https://banweb.cityu.edu.hk/cityu/pics.htm>).

Yours faithfully,

(Signature)