



香港城市大學  
City University of Hong Kong

**Academic Regulations and Records Office**  
City University of Hong Kong  
Tat Chee Avenue  
Kowloon, Hong Kong  
Fax No.: (852) 34420270  
E-mail : as@cityu.edu.hk

**Student's Authorization –  
Permission to Disclose Academic Records to a Third Party**

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Student data held by the University is governed by Hong Kong's Personal Data (Privacy) Ordinance. No such information will be released to a third party (e.g. potential employer/recruitment agency) unless written consent from the student concerned is obtained.

This form should be returned to the Academic Regulations and Records Office with the student's signature, together with a formal written request on letterhead for verification of the student's academic records from the third party.

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To be completed by the student concerned

I confirm that I permit the release of my academic record information held by the City University of Hong Kong to the following party:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature of Student: \_\_\_\_\_

HKID/Student No.: \_\_\_\_\_

Name of Student: \_\_\_\_\_

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