

Authorization Letter

Date: _____

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

Dear Sir/Madam,

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

hereby authorize _____ / _____
(name of the person) (HKID or Passport no.)

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.

Yours faithfully,

(Signature)