

\_\_\_\_\_

( )  
I, (Name) \_\_\_\_\_ I.D. No. \_\_\_\_\_ Student No. \_\_\_\_\_

( )  
hereby authorize (Name) \_\_\_\_\_ I.D. No. \_\_\_\_\_

to apply for / collect \_\_\_\_\_

\_\_\_\_\_

I declare that the information provided in this authorization letter is true and correct; I have also acknowledged and understood the Personal Data Collection Statement.

Signature: \_\_\_\_\_

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

Contact No.: \_\_\_\_\_

Note

1. Student must sign on this Authorization Letter in order to be valid.
2. Please submit the form together with valid I.D. card copies of both parties.
- 3.

The personal data collected through application forms submitted in paper or online or other documents written by the applicants will be used for the purposes of identifying the applicants and providing the administrative services as requested.