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TO : SCHOOL OF CONTINUING STUDIES, MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

Authorization Letter

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

hereby authorize \_\_\_\_\_ 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 of Macau University of Science and Technology.

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

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

Note

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