



MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

Authorization Letter

"  
I, (Name) \_\_\_\_\_ Identification document No. \_\_\_\_\_ ,

Student No. \_\_\_\_\_ , hereby authorize (Name) \_\_\_\_\_ ,

Identification document No. \_\_\_\_\_ , Contact Phone No. \_\_\_\_\_ ,

To :  apply for /  collect

\_\_\_\_\_ °

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

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

Contact Phone No: \_\_\_\_\_

Notes :

1. \_\_\_\_\_ ;  
The authorization letter must be signed personally by the student and only original copy will be accepted.
2. Please submit the authorization letter together with photocopies of the identification document of both parties.