



School of Continuing and Professional Education  
 專業進修學院  
 香港城市大學  
 City University of Hong Kong

### AUTHORIZATION LETTER

This letter is to be presented by the authorized person when applying or collecting applicant's academic document(s).

To: School of Continuing and Professional Education  
 City University of Hong Kong

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

Dear Sir/ Madam,

I, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(full name) (HKID or Passport no.) (programme)*

hereby authorize \_\_\_\_\_ / \_\_\_\_\_ to:  
*(name of the person) (HKID or Passport no.)*

(Please tick the appropriate box)

- submit the application for \*certified true copies of academic document/reissue of academic record /letter of certification/ replacement of award certificate.
- collect, on my behalf, the \*certified true copies of academic document/reissue of academic record /letter of certification/ replacement of award certificate.

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 would be required to produce \*his/her HKID card or passport for identification and record purpose when \*submitting the application/collecting the said document for me.

I also confirm that my representative shall have the authority to sign for acknowledgement of the receipt of the said document. I understand that I shall be fully responsible for the undelivery, if any, of the said document from my representative.

Yours faithfully,

\_\_\_\_\_ (signature)

**Note: We only accept original copy of the authorization letter.**

*\*Please delete as appropriate*