



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*