## Letter of Authorization

--查證英國學歷用

## **To Whom It May Concern:**

I, (name)	_ (Student ID Number
or Date of Birth),	, hereby waive
my rights under the Data Protection Act and aut	horise the release of all
information relevant to my study in at (Name of university or college)	-
(address)	
	(Telephone)

to the Taipei Representative Office in the U.K., Edinburgh Office, 1 Melville Street, Edinburgh EH3 7PE.

I also authorise the Taipei Representative Office in the U.K., Edinburgh Office, 1 Melville Street, Edinburgh EH3 7PE to ask you for the qualification I was required to hold in order to be admitted to the course and if any qualification I obtained at your institution was as a result of a distance learning or internet course or as a result of study at an associated, franchised or validated course either in the U.K. or overseas.

Yours faithfully,

\_\_\_\_\_ (Signature)

\_\_\_\_\_(Date)