

Letter of Authorization

(for NSW, Australia academic record release, 申請學歷查證使用)

To Whom It May Concern:

I, _____ (full name in English)
Date of birth _____, Student ID No. _____,
hereby waive my rights under the Privacy Act and
authorize the release of all information relevant to my
study / qualification at _____

(school/organization name and full address) to the Taipei
Economic & Cultural Office, located at Suite 1902, Level
19, MLC Centre, King Street, Sydney NSW 2000.

I authorize the above office to check my admission
requirements as well as to ask if my qualification was
gained as a result of a distance learning or Internet course
or as a result of study at an associated college or
validated course in the Australia or overseas.

Yours faithfully,

_____(Signature)

_____(Date)

Applicants who have not reached the age of majority must have the letter signed by a parent or legal guardian.

_____(Guardian Signature)

_____(Date)