

LETTER OF AUTHORIZATION

(For Academic Record Release 申請美國學歷查證用)

To Whom It May Concern:

I, _____
(full name in English and Chinese), Social Security No. _____,
Student Identification No. _____,
hereby waive my rights under the Rights of Privacy Act and authorize the
release of all information relevant to my academic record at _____

(name of the school and address of the registrar) to the following consulate office:

Taipei Economic and Cultural Office in Chicago
55 W. Wacker Dr. Suite 1200
Chicago, Illinois, 60601.

I authorize this 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 U.S.A. or overseas.

Yours faithfully,

Signature

Date