Letter of Authorization

(for Australia academic record release,申請<u>澳洲</u>學歷查證用)

To Whom It May Concern:
I,
(English and Chinese full name), Student ID No.
hereby waive my rights under the Data Protection Act and authorize the
release of all information relevant to my study at
(school name and full address) to the <u>Taipei Economic & Cultural Office</u> ,
Brisbane, Australia, located at Level 34, Riparian Plaza, 71 Eagle Street,
Brisbane, QLD 4000.
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)