

:  
TO : MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

Authorization Letter

I, ( )  
I, (Name) \_\_\_\_\_ I.D. No. \_\_\_\_\_ Student No. \_\_\_\_\_

( )  
hereby authorize (Name) \_\_\_\_\_ I.D. No. \_\_\_\_\_

to apply for / collect \_\_\_\_\_

\_\_\_\_\_

I declare that the information provided in this authorization letter is true and correct; I have also acknowledged and understood the Personal Data Collection Statement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Note

1. Student must sign on this Authorization Letter in order to be valid.
- 2.