

**Authorization Form for**  
**Collection of Academic Documents (not applicable to Graduation Certificate)**

If you wish to authorize a representative to collect the academic document(s) (e.g. transcript, certifying letter, etc) on your behalf, please complete this form.

*(The personal data of the student/graduate or the representative will be used for collection of the academic document(s) and record purpose only. This Instruction and copy of the student's/graduate's/representative's ID document will be kept in the Graduate School. For correction of or access to the personal data after submission of this form, please contact the Graduate School at 852-3943 8976, or email to gradschool@cuhk.edu.hk.)*

**Personal data of the student/graduate**

Name (in English): \_\_\_\_\_ Name (in Chinese): \_\_\_\_\_

HKID Card/

Other Identity No.: \_\_\_\_\_ Student ID: \_\_\_\_\_

Degree: \_\_\_\_\_ Programme: \_\_\_\_\_

Contact Phone No. (in HK): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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**(ATTENTION: The representative should bring along this form together with the copy of the identity document of the student/graduate mentioned above. Original document will not be accepted for verification.)**

I hereby authorize the following representative to collect my document(s)\* on my behalf:

- Certifying Letter                       Transcript  
 Report on Curriculum Details       Others, please specify: \_\_\_\_\_

*\*Please tick as appropriate.*

**Personal data of my representative**

Name (in English): \_\_\_\_\_ Name (in Chinese): \_\_\_\_\_

Type of ID Document#: Passport / Identity Card ID Document No.: \_\_\_\_\_

Signature of Student/Graduate: \_\_\_\_\_ Date: \_\_\_\_\_

*#Please delete as appropriate.*

**Acknowledgement of receipt of the above academic document(s)**

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Graduate School Office use only**

Handled by: \_\_\_\_\_ Date: \_\_\_\_\_