

**THE CHINESE UNIVERSITY OF HONG KONG**  
**Graduate School**

**Authorization Form for Collection of Graduate Certificate**

*(The personal data collected on this authorization form is solely used to process the request of collecting (a) graduate certificate(s) including the pertinent record purpose. The graduate's/representative's ID information will be removed before filing retention.)*

**Name of Graduate**

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

Student ID No. : \_\_\_\_\_ HKID Card No.\*: \_\_\_\_\_

Faculty: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Programme of Study: \_\_\_\_\_ *(e.g. MA in Music / PhD in Music)*

**I (the Graduate) hereby authorize the following person to collect my graduate certificate on my behalf:**

**Name of Representative**

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

Type of Identification \_\_\_\_\_ Identification  
Document: \_\_\_\_\_ HKID / Passport# \_\_\_\_\_ Document No.: \_\_\_\_\_

**I understand that the representative will be required to provide a copy of my HKID card\*/passport when collecting the graduate certificate on my behalf.**

Signature of Graduate: \_\_\_\_\_ Date: \_\_\_\_\_

*\* If you do not have a HKID card, please provide a copy of your passport. The name and date of birth printed thereon must be the same as your registration record at CUHK.*

*# Please delete as appropriate.*

**Acknowledgement of Receipt of the Graduate Certificate**

This is to acknowledge receipt of the graduate certificate.

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

**For Graduate School Office's use only**

Staff initial: \_\_\_\_\_ Date: \_\_\_\_\_