## **Authorization Form**

| To: Registry, Tung Wah College  |
|---|
| I,, (HKID/Student No.:)  (name of applicant/student)  |
| hereby authorize Mr / Miss / Ms *   |
| (name of authorized representative)   |
| (HKID/Passport No.:) to act on my behalf  |
| (please tick the appropriate box below)   |
| to submit the application for * credit transfer / replacement of SID card / transcript of studies / testimonial / appeal against assessment result / others (please specify):   |
| ☐ to collect * transcript of studies / testimonial / graduation certificate / others (please specify):  |
| * Please delete as appropriate  |
| A photocopy of my HKID or Student ID card is attached for the purpose of verification.  |
| My representative understands that he/she would be required to produce his/her HKID card or Passport for identification purpose when submitting the application/collecting the said document on my behalf.  |
| I also confirm that my representative shall have the authority to sign for acknowledgement of the receipt of the said document. I understand that I shall be fully responsible for the undelivery, if any, of the said document from my representative. |
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| Signature of Applicant/Student Date   |