

:
TO : MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

Authorization Letter

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 [Macau University of Science and Technology Personal Data Collection Statement](#).

Signature: _____

Date: _____

Note

1. Student must sign on this Authorization Letter in order to be valid.
2. Please submit the form together with I.D. card copies of both parties.