

ST. JOAN OF ARC SECONDARY SCHOOL

Authorization Form for Collection of Academic Documents

Notes:

1. This authorization form is applicable to the collection of transcript, certifying letter, etc.
2. The personal data of the student/graduate or the representative will be used for collection of the academic document(s) and record purpose only.

Personal Data of the Applicant

Name (in English): _____ Name (in Chinese): _____

HKID card/Passport[#] No.: _____ Contact No.: _____

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 the following document(s)* on my behalf:

Certifying Letter Transcript

Others, please specify: _____

* Please \checkmark as appropriate.

Personal Data of the Representative

Name (in English): _____ Name (in Chinese): _____

Type of Identification Document: _____ Identification Document No.: _____
Passport / Identity Card[#]

Signature of the Applicant: _____ Date: _____

[#] Please delete as appropriate.

Acknowledgement of Receipt of the Document(s)

Signature of the Representative: _____ Date: _____

For General Office use only

Handled by: _____ Date: _____

September 2023