

Letter of Authorization

To Whom It May Concern:

I, _____ (*Full name, please print*), (Date of Birth: _____Y _____M _____D), hereby waive my rights under the Rights of Privacy Act and authorize the release of all information relevant to my academic record and financial record at _____
_____ (*School name, please print*) to the Taipei Economic and Cultural Office in Vancouver, located at 2200-650 West Georgia Street, Vancouver, BC V6B 4N7, Canada.

Yours faithfully,

_____ (*Signature*)

_____Y _____M _____D (*Date*)