Letter of Authorization

--查證英國學歷用

To Whom It May Concern:

I, (name)_____ (Student ID Number or Date of Birth), _____ , hereby waive my rights under the Data Protection Act and authorise the release of all information relevant to my study in the Department of at (Name of university or college)_____ (address)_____ _____ _____ (Telephone) _____to the Taipei Representative Office in the U.K., Edinburgh Office, 1 Melville Street, Edinburgh EH3 7PE.

I also authorise the Taipei Representative Office in the U.K., Edinburgh Office, 1 Melville Street, Edinburgh EH3 7PE to ask you for the qualification I was required to hold in order to be admitted to the course and if any qualification I obtained at your institution was as a result of a distance learning or internet course or as a result of study at an associated, franchised or validated course either in the U.K. or overseas.

Yours faithfully,

_____ (Signature)

_____ (Date)