



CONFIDENTIAL

Letter of Authorization 授權書

To: Hong Kong Institute of Vocational Education (Chai Wan)
香港專業教育學院（柴灣）

I hereby authorize *Mr./Miss/Ms_____ (HKID Card No.:_____) to
*apply / collect _____ on my behalf and understand that *he/she
will be required to produce *his/her HKID card for checking. A photocopy of my HKID card is also provided for
your verification.

本人現授權_____ *先生/小姐/女士(香港身份證號碼:_____)
代表本人*申請/領取_____, 亦明白受托人須出示其身
份證明文件以供查核。隨函並附上本人的香港身份證副本以供查閱。

Please note that the representative must be at least 18 years old.

請注意受託人必須年滿十八歲。

Signature of Student

學生簽署：

Name of Student

學生姓名：

Student Number/HKID Card No.

學生證編號/香港身份證號碼：

Programme Code

課程編號：

Date

日期：

* Please delete where inappropriate 請劃去不適用者

For CS use only 此欄由學院秘書處填寫

The identities of the student and his/her representative have been verified.
已核對學生及其受託人的身份證明。

Date

日期

Signature of Responsible Staff

負責職員簽署