

The Chinese University of Hong Kong

Authorisation Letter for Collection of Report of Experiential Learning Activities

If you wish to authorise a representative to collect the Report of Experiential Learning Activities on your behalf, please complete this form.

Personal Information of the Student

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

Student ID: _____ HKID card No./Passport No.*: _____

Contact Phone No. (in HK): _____ Email Address: _____

I hereby authorise the following representative to collect my Report of Experiential Learning Activities. I shall bear full responsibility even if the ELA Report is collected on my behalf by my authorised delegate. Attached please find photo copy of my HKID card/ Passport* for your record.

Personal information of my representative

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

Type of ID Document*: HKID Card/Passport ID Document No.: _____

Signature of Student: _____ Date: _____

** Please delete as appropriate*

(Attention: The representative should bring along this form together with the copy of the identity document of the student mentioned above. Original document will NOT be accepted for verification.)

Acknowledgement of Receipt of the above Report of Experiential Learning Activities

Signature of Representative: _____ Date: _____

For Official Use Only

Handled by: _____ Date: _____

Personal Information Collection Statement

The personal data of the student or the representative provided on this form will be used for collection of ELA Report(s) and record purpose only. For correction of or access to the personal data after submission of this form, please email to csdp@cuhk.edu.hk.)
