

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 at

_____ (*School Name, please print*) to the Taipei Economic and Cultural Office in

Vancouver, located at 2008-925 West Georgia Street, Vancouver, BC V6C 3L2, Canada.

Yours faithfully,

_____ (signature)

_____Y_____M_____D (date)