



香港城市大學
City University of Hong Kong

Academic Regulations and Records Office
City University of Hong Kong
Tat Chee Avenue
Kowloon, Hong Kong
Fax No.: (852) 34420270
E-mail : as@cityu.edu.hk

**Student's Authorization –
Permission to Disclose Academic Records to a Third Party**

Student data held by the University is governed by Hong Kong's Personal Data (Privacy) Ordinance. No such information will be released to a third party (e.g. potential employer/recruitment agency) unless written consent from the student concerned is obtained.

This form should be returned to the Academic Regulations and Records Office with the student's signature, together with a formal written request on letterhead for verification of the student's academic records from the third party.

To be completed by the student concerned

I confirm that I permit the release of my academic record information held by the City University of Hong Kong to the following party:

Company: _____

Address: _____

Signature of Student: _____

HKID/Student No.: _____

Name of Student: _____

Date: _____