

Ref. (for office use) \_\_\_\_\_

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## **Authorization Letter**

I, (Name:, Student ID number:				, Date of Birth:,			
Programme of study registered at XJTLU:				), hereby authorize the			
following	person:	name:	;	relationship	with	me:	
	;	National ID/Passport:			to collec	t the	
following d	locuments	on my behalf:					
Documents	s Details (pl	ease tick the appropriat	e box (es))				
Degree	e Certificate	of XJTLU					
Gradua	ation Certifi	cate					
Degree	e Certificate	of University of Liverpo	ol				
Acader	nic Transcri	pt					
Dispate	ch certificat	e & Alumni card					
My person	al contact c	letails are:					
Mobile:							
Email:							
Signature	of the appli	cant	D	ate			
* Note by the	e Registry: A c	ocument bearing the studen	t's signature (	e.g. copy of Natic	onal ID or		
passport) mu	ist accompany	/ this form. Photo ID of proxy	must be pres	ented at time of	collection.		