Authorization Form

To: Renaissance College

I,	(name of applicant), hereby authorize			
Mr./Ms	, Hong Kong ID Card No./Passport No			to
collect my transcript at	t RCHK campus.			
Yours faithfully,				
Signature		Date		
For Office Use Only				
Application received _	(dd/mm/yyyy)	Payment received	(dd/mm/yyyy)	
Total Number of Trans	scrints Requested			