

Authorization Form

To: Renaissance College	Date:
l,	(name of applicant), hereby authorize
Mr./Ms.	_, Hong Kong ID Card No./Passport No.
	_to collect my child's report.
Signature of Applicant	Mobile Phone Number
FOR OFFICIAL USE ONLY	
Application Received:(dd/mm/yyy)	Payment Received:(dd/mm/yyyy)
Payment Method (please check if appropriate)	
Cheque No	Bank:
Total Number of Reports Requested:	
Amount Payable (HK\$) by the Applicant	
Report (HK\$)	
Postage (HK\$)	
Total (HK\$)	
Handled by:	(RCHK Staff Name)
Report Sent on:	
By: Ordinary Local Mail Regular Overseas A	irmail Local Courier Overseas Courier
Wavbill Number:	

The information submitted on the form below is being collected in accordance with the ESF Personal Data Handling Policy and its related Personal Information Collection Statements ("PICS"). A copy of the PICS can be found on the ESF website (http://www.esf.edu.hk) by clicking the "About ESF" tab.