

To : _____
(Name of Institution)

Authorization

I, _____, authorize
(Name of Applicant)
_____ to release my
(Name of Institution)
personal data as regards my qualification
attainment, _____, to
(Name of Qualification)
the Medical Laboratory Technologists Board, Hong Kong, for the
purpose of verifying my submitted information in connection with my
application for registration as a Medical Laboratory Technologist under
section 12(1)(b) of the Allied Health Professions Ordinance, Chapter 359,
Laws of Hong Kong.

Signature : _____

Name : _____

Date of Birth : _____

Student Number : _____

HK Identity Card Number : _____

Date : _____