

To : _____
(Name of Institution)

Authorization

I, _____, authorize
(Name of Applicant)
_____ to
(The Institution)
release my personal data as regards my qualification attainment,
_____ to the Occupational Therapists Board,
(The qualification awarded)
Hong Kong for the purpose of their verifying my submitted information in connection
with my application for registration as an Occupational Therapist under section
12(1)(b) of the Allied Health Professions Ordinance, Chapter 359, Laws of
Hong Kong.

Signature : _____

Name : _____

Student Number : _____

Date : _____