

The Chinese University of Hong Kong
Postgraduate Halls

AUTHORIZATION FORM

Part A: Applicant and Representative Information

Name : _____ SID : _____

Hall No.: _____ Room No.: _____

I would like to authorize the following representative to handle the following issue (☒ as appropriate):

Name of Representative: _____

Student ID: _____ or / HKID: _____ (First 4 digits)

Date and Time: _____

☐ Cheque Collection ☐ Belongings Packing ☐ Room Cleaning

☐ Others, please specify: _____

Applicant's Signature: _____

Date: _____

Office Use

Part B: Approval Status

☐ Approved (representative should present this form to PGH counter for verification)

☐ Rejected, please specify: _____

Handled by (Staff) _____ on (Date) _____

Part C: Follow-up

Representative showed up on (Date and time) _____

Representative did not show up on (Date) _____ Handled by (Staff) _____

The personal data provided will only be used by the General Office of the Postgraduate Halls for communication with the concerned residents / representative when necessary.

所提供的個人資料只會供研究生宿舍辦事處在必要時用於與相關宿生或受權人聯絡。