Student Life Counseling Office  
Authorization Letter for Personal Data Application

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| Name of Authorizer | Student ID of Authorizer | Category of Application Form | Signature of Authorizer |
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| Department Responsible Person’s Approval (Seal) | Department Head’s Approval (Seal) |
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**Date (Republic of China)**

Year \_\_\_\_\_\_ Month \_\_\_\_\_\_ Day \_\_\_\_\_\_