

LINGNAN UNIVERSITY
Education Verification Authorisation Form

Important Note:

Please complete this authorisation form for submission to the Registry (registry@ln.edu.hk) by the authorised organisation conducting the education verification.

I hereby authorise _____ to verify my academic
(Name of Organisation)

record. I also authorise the release of such information by Lingnan University to the above organisation for the said purposes.

Name: _____ HKID No./ Student ID No.: _____

Signature: _____ Date: _____

This form is valid for 6 months from the date of authorisation.

Personal Information Collection Statement

1. Personal data provided on this form will be treated confidentially and will be used for processing this matter only. All information provided will be destroyed in six months after the processing of the verification.
2. Without your expressed approval, or unless required by law, the personal data collected herein will not be disclosed to third parties.
3. Unless indicated otherwise, all personal data requested in the form is required for processing the verification concerned. If such data is incomplete or inaccurate, the verification cannot be processed.
4. Without your consent, Lingnan University will not use your personal information provided to us to conduct direct marketing.
5. Applications for access to personal data should be made to the Chief Data Protection Officer (DPO@LN.edu.hk) of the University. For update/correction of personal data, please contact the Registry (registry@LN.edu.hk).