

授權查驗學歷資料同意書

Authorization Consent Form for Academic Credential Verification

本人同意_____ (申請查驗機構)向 國立虎尾科技大學 查驗本人之個人資料，本人同意所有與此項調查有關之人士向_____ (申請查驗機構)透漏本人相關資料，本人免除所有與此項調查有關之人士因此而可能產生之責任，本人同意本授權書之影本與正本之效力相同。

I hereby agree that _____ (Requesting Verification Institution) may verify my personal information with National Formosa University. I also agree that all persons involved in this investigation may disclose my relevant information to _____ (Requesting Verification Institution). I hereby release all persons involved in this investigation from any liability that may arise as a result of such disclosure. I agree that a photocopy of this authorization shall have the same legal effect as the original.

此致To

國立虎尾科技大學 National Formosa University

(以下各項個人資料請由被查驗當事人親自填寫並簽名)

(The following personal information must be completed and signed in person by the individual being verified.)

學號 Student ID	
姓名 Full Name (in Print)	
簽名 Signature	
身分證字號 ID Number	
生日 Date of Birth	
申請日期 Application Date	

本授權同意書係依「個人資料保護法」相關規定辦理。

This authorization consent form is executed in accordance with the relevant provisions of the Personal Data Protection Act.

國立虎尾科技大學教務處註冊組聯絡電話：(05)6315111傳真：(05)6315125

Office of Academic Affairs, Registration Section, National Formosa University
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