

**LINGNAN UNIVERSITY**  
**Authorisation Form**

I hereby authorise \_\_\_\_\_ to verify my academic  
*(Name of Organisation)*

record for job recruitment purposes. 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.*

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**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).