Consent for Verifying Academic Awards

To whom it may concern,

I, the undersigned, hereby give my consent to the Programme Team of the \boldsymbol{MSc} in \boldsymbol{Risk} and
Insurance Management (MSc in RIM) of the Lingnan University, Hong Kong to use my
personal information below for the purpose of academic award verification with (Name of the
University)
(hereafter "the University") regarding 2024/25 admission exercise:
Full Name in English:
Passport Number:
Identity Card Number:
Award Title:
Major:
Student Number: Period of Study:
I also give my consent to the University to release my record or information to the MSc in RIM Programme Team as required. Appreciate if the University could help verify my academic award(s) above and confirm the authenticity of my certificate and transcript by replying the MSc in RIM Programme Team's email (admission_rim@LN.edu.hk). Thanks very much.
Best Regards,
Signature:
Full name in English:
ID/Passport Number:
Email:
Date: