

Letter of Authorization

To Whom It May Concern:

I, _____, (Social Security No. _____ and/or
name of student

Student ID No. _____), hereby waive my rights under the Rights of
Privacy Act and authorize the release of all information relevant to my academic record at
_____ to the Cultural Division , Taipei Economic
name of school

and Cultural Office in Houston , located at 11Greenway Plaza ,Suite 2910 , Houston , Texas
77046 , U.S.A.

Sincerely ,

(Signature)