

To : \_\_\_\_\_  
(Name of Institution)

Authorization

I, \_\_\_\_\_, authorize  
(Name of Applicant)  
\_\_\_\_\_ to  
(The Institution )  
release my personal data as regards my qualification attainment,  
\_\_\_\_\_ to the Occupational Therapists Board,  
(The qualification awarded)  
Hong Kong for the purpose of their verifying my submitted information in connection  
with my application for registration as an Occupational Therapist under section  
12(1)(b) of the Supplementary Medical Professions Ordinance, Chapter 359, Laws of  
Hong Kong.

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Student Number : \_\_\_\_\_

Date : \_\_\_\_\_