授權查證同意書
Authorization

I authorize Nanhua University to undertake a verification of the information I have provided and I authorize：

□Educational Institutions,

□Others_____

To release information, they may have about me and relieve them from any liability for doing so.

Print Full Name_____

Social Security Number_____

University (Graduate School) Student ID Number_____

Date of Birth_____

Date _____

Signature (Full Name) _____