

Letter of Authorization

To Whom It May Concern:

I, Miguel Angel Wells Viasus

(English and Chinese full name of students), Social Security No. or Passport No. U800038640, Student ID No. or Birthday 2005/02/11, hereby waive my rights under the Rights of Privacy Act and authorize the release of all information relevant to my academic record at No. 1-62 號, Section 2, Daxue Rd, Shoufeng Township, Hualien County, 970401

(the name and full address of your former school).

I authorize Tamkang University to check my admission requirements as well as to ask if my qualification was gained as a result of a distance learning or Internet course or as a result of study at an associated college or validated course in the U.S.A. or overseas.

Yours faithfully,

Miguel Wells (signature)

2025/07/14 (date)