

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)