



## Authorisation to Share Personal Information Form

**To: HKU Body Donation Programme**

From:

Registrant's Name	
Registration Card Number *if applicable	
Author's Name	<input type="checkbox"/> Same as the registrant <input type="checkbox"/> Family member _____
Contact Methods	( Telephone ) ( Email )
Contact Person's Name	( If different from the registrant's )
Essay Title	

The word count of the essay should be within 1000 words. Please submit the essay and the form with signature to our Programme office by mail / fax / email.

**I agree and authorise the HKU Body Donation Programme to (please tick as appropriate):**

- ☐ **Share my essay with relevant staff and students.**
- ☐ **Share my essay with the public.**

(Signature)	(Date)
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