



Third Party Authorization

If someone will be making inquiries on your behalf during the application process, this form must be completed and returned to our office before any information will be released to a third party. **NOTE: Only one person may be designated to receive information on your behalf.**

STUDENT INFORMATION

Date of Birth: _____ University ID: _____ Term of Entry: _____

First Name: _____ Middle Name: _____ Last Name: _____

Email Address: _____

THIRD PARTY INFORMATION

First Name: _____ Last Name: _____

Relationship to Student: _____

Email Address: _____

SIGNATURE

"I do hereby authorize _____, the individual named above, to inquire and receive any

Student Signature: _____ Date: _____

Print Name: _____

