

## Declaration of Third Party Authorization to Act on Behalf of Applicant

I, \_\_\_\_\_ (First and Last Name) \_\_\_\_\_ (Student Number)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Telephone) \_\_\_\_\_ (Email)

\_\_\_\_\_ (Date of Birth [DD/MM/YYYY])

*Hereby authorize the following person, agent or agency*

First and Last Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*Applicant's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*to act on my behalf in all matters concerning my application for admission to the ESL. I consent to the disclosure of information concerning or relating to the following:*

- Letter of Acceptance*
- Attendance and Progression*
- Grades and Transcript*
- Financial Data*
- Personal Data*