

DECLARATION FOR THIRD PARTY AUTHORIZATION FOR GRADUATE APPLICANTS

Applicants who wish to have someone act on their behalf for the purposes of the application for admission to a graduate program are to complete this form and submit to the Faculty of Graduate Studies and Research. Should you have concerns, please contact our office.

STUDENT INFORMATION

Last or Family Name	First Name	Middle Initial	Uof R Student Number (if known)
Current Mailing Address:			
City or Town	Province	Postal Code	
Home Phone:	Cell Phone:	Business Phone:	
Email:			
Date of Birth (DD/MM/YYYY):			

STATEMENT OF AUTHORIZATION

I, (as noted above) **HEREBY AUTHORIZE** the following person, agent or agency to act on my behalf in all matters concerning my application for admission to the University of Regina. I consent to the disclosure of all information concerning or relating to my application to the person, agent or agency noted above.

Last or Family Name	First Name	Relation to Applicant
Address	Email	

SIGANTURE

Student Signature:	Date:
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