

CARLETON UNIVERSITY
ADMISSIONS SERVICES
AUTHORIZATION FOR THIRD PARTY TO ACT ON BEHALF OF APPLICANT
(for the **2014/2015** Admissions cycle)

Please print clearly

I, _____
First/ last name

Address (complete address including country)

Personal Telephone and e-mail

Date of birth _____
Year/ month/ day Carleton University student number _____

hereby authorize

First/ last name (and/or Agency name if applicable) Date of birth (Year/ month/ day)

Address (complete address including country)

Telephone/ e-mail

Relation to applicant

to act on my behalf in all matters concerning my application for admission to Carleton University including, if necessary, registration matters initiated or processed by Admissions Services. I understand and agree that all information concerning my application to the University can be communicated to the person, agent or agency named above.

Note: This form is valid only for the above named year

Signature of applicant

Date

City and country

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information please contact Janice O'Farrell, FIPPA Representative for Admissions Services (315 Robertson Hall, 520-2600 ext. 3710). Carleton University is fully compliant with FIPPA and endeavors at all times to treat your personal information in accordance with this law.

This document is available in a variety of accessible formats upon request. A request can be made on the Carleton University website at: carleton.ca/accessibility/request.