

Wilfrid Laurier University: Authorization of Information Release

APPLICANT INFORMATION			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss.	Legal Family / Last Name:		Legal First & Middle Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Date of Birth (YY/MM/DD):	
E-mail:	Area code & Phone Number:		Laurier ID# / OUAC reference #:
Home Address:			
Unit/Apt./ P.O. Box:	Number and Street:		
City:	Province:	Postal Code:	Country:
Mailing Address (if different from above)			
Unit/Apt./ P.O. Box:	Number and Street:		
City:	Province:	Postal Code:	Country:

I authorize that the following individual(s) / agency may communicate with representatives of Wilfrid Laurier University on my behalf regarding my application for admission. The following individuals are further authorized to provide and/or obtain information related to my application for admission:

EDUCATION AGENT / AGENCY			
Please complete the following fields if you have contracted the services of an education agent / agency:			
Have you contracted the services of an education agent?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Education Agency:		E-mail:	
Name of Agency Representative:		E-mail:	
Mailing Address			
Unit/Apt./ P.O. Box:	Number and Street:		City:
Province:	Country:	Postal Code	Area Code and Phone Number:

RELATIVE / GUARDIAN / OTHER			
Please complete all fields below:			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss.	Legal Family / Last Name:		Legal First / Given Name:
Relationship to Applicant:		Email Address:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Email Address:	
Home Address:			
Unit/Apt./ P.O. Box:	Number and Street:		City:
Province:	Country:	Postal Code:	Area Code and Phone Number:

By signing below, I acknowledge the above statement and understand I must provide written notification to Wilfrid Laurier University should I wish to revoke third party authorization for one or more of the parties listed above.

Signature: _____ Date: _____

Please return this completed and signed form by e-mail to: international@wlu.ca