

CARLETON UNIVERSITY
ADMISSIONS SERVICES
AUTHORIZATION FOR THIRD PARTY TO ACT ON BEHALF OF APPLICANT
(for the **2020/2021** Admissions cycle)

Please print clearly

I, _____
Applicant's first/ last name

Applicant's address (complete address including country)

Applicant's personal telephone and e-mail

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

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

Personal information collected through this form will be used and disclosed by Carleton University under the authority of the Carleton University Act, 1952, and in accordance with sections 39, 41 and 42 of Ontario's Freedom of Information and Protection of Privacy Act. The information provided will not be used for any purposes other than those stated upon this form, unless the applicant provides express written consent. If you have any questions about the processing of personal information by Carleton University, please contact the Manager, Privacy & Access to Information, by phone at 613-520-2600 ext. 2047 or by e-mail via University_Privacy_Office@carleton.ca. 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.