



**Memorial University of Newfoundland
Office of the Registrar**

**Admissions Representative Waiver
Authorization to Release Application/Admission Information to a Third Party**

Student Name: Hamid _____, **Abdullah Abdul** _____
Family Name _____, First Name _____, Middle Name/Initial _____
Birth Date: 25-Apr-2008 _____
Day, Month, Year (DD-MMM-YYYY) _____ Signature (if applicable. See "Submit" below.) _____

I authorize Memorial University to release information concerning my application, admission, and transfer credit eligibility to the following person on my behalf:

Representative's Name: ApplyBoard Inc.
Relationship to me: Agency If Agency, name: Massi Basiri
MUN Agent Code (If applicable): _____

Representative's Contact Information:

Phone #: 519-500-1761 **Fax #:** _____

E-mail address: applications @ applyboard.com

Please note: At this time, admission decision letters are normally sent directly to the applicant's personal email address only.

I understand and agree with the following:

- I am responsible for clarifying my communication instructions with the University and my representative.
- I am subject to the declaration that I signed on my application for admission to Memorial University (or that I approved upon submission of my online application for admission).
- This permission relates to my application, admission, and transfer credit status only.
- If I wish to withdraw this authorization, I must make a separate request to the Office of the Registrar of Memorial University in writing.

TO SUBMIT: This form must be submitted directly by the applicant. Either (1) save and forward by email to admiss.docs@mun.ca using your email address as supplied on your application for admission OR (2) print, sign (see above), and forward your signed authorization by fax, mail, or in person to the Admissions office. Copies sent from other parties are not accepted.
See www.mun.ca/regoff for contact details.