Representative Authority Form

I give permission	n for (inse	ert
representative's	name) to act on my behalf in all matters regardi	ng my
application to stu	udy at the University of Greenwich, including al	l offer letters
CAS Checking S	Sheets and the CAS Statement (which will include	de my CAS
number from Uk	ζVI).	
I have referred to	o the Student Applicant Privacy Notice for more	information
about how my da	ata will be used.	
Print Name:		_
Date of Birth:		_
Signature:		_
Date		<u> </u>