

Student Signature

Vancouver Campus

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Burnaby Campus

Date

#101-4603 Kingsway, Burnaby British Columbia, V5H 4M4, Canada Tel. (604) 435 5815 Fax. (604) 435 5895

AGENT DECLARATION

Canadian privacy laws prohibit Alexander College from communicating about a student with a third party, unless the student has given expressed consent, in writing. If you are using an Agent to assist with your application, or you have received advice from an Agent regarding your application, this form is required.

By declaring an Agent representative, you authorize the Alexander College to communicate with the Agent on your behalf regarding admission to the College. You also authorize the Agent to act on your behalf, which may include submitting documentation, tuition fees, or receiving official letters.

First Nan	ENT INFORMATION	Last Name (family name)	Date of Birth (DD-MMM-YY)
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AGEN	IT INFORMATION		
Agent Na	ame (Name of Business)		
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DECL	ARATION		
l,			
•	Declare that the Agent noted above has provided me with information about Alexander College and/or assistance with		
	submitting my Application for Admiss	ion	
•	Consent to allow my Agent to communicate with Alexander College on my behalf regarding admission to the College		
•	Permit my Agent to act on my behalf during the admissions process, which may include submitting documentation and/or		
	tuition fees, or picking up official documentation		
	Understand that my Agent may receive compensation from Alexander College for referring me to the College		