



Change of Agent

Please submit the completed form to int-marketing@auckland.ac.nz

01 Student details

STUDENT

UNIVERSITY OF AUCKLAND STUDENT ID

DATE OF BIRTH

STUDENT NAME

EMAIL ADDRESS

I, certify that I have informed my current agency service provider

(agency name)

that I wish to end my relationship with them.

02 Current agency details

CURRENT AGENT

On behalf of my agency, I confirm that this student has ended his/her relationship with our agency.

AGENCY NAME

COMPANY
STAMP

NAME OF AGENT

AGENT EMAIL

DATE

03 New agency details

NEW AGENT

On behalf of my agency, I confirm that this student has entered a relationship with our agency.

AGENCY NAME

COMPANY
STAMP

NAME OF AGENT

AGENT EMAIL

DATE

04 Reason for changing agents

STUDENT

Why have you decided to change agents?

05 Authorisation and signature

STUDENT

Authorisation for NEW agency service provider to access student information held by the University of Auckland Student Services Online

I, the Student, authorise the Agency indicated in Section Three above and any designated employees acting on their behalf to access any enrolment applications made by me or on behalf of me to the University ("my Application") through Student Services Online (SSO).

I understand that access by the Agency to my Application will be solely for the purpose of advising, submitting and tracking progress of my Application to the University and the Agency will not disclose any information in my Application to another person without my written permission.

I confirm to the University of Auckland that I will allow the Agency to act on my behalf through SSO for a period of two years and six months from the date of the signing of this consent. I understand that I may withdraw consent to the Agent having access to my Application(s) at any time by notifying the Agent or the University in writing.

STUDENT SIGNATURE

DATE

FOR UNIVERSITY OF AUCKLAND STAFF USE ONLY

RM COMMENTS