

Form A: Change of Agent Form



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

SECTION ONE: To be completed by student

University of Auckland Student ID: _____

Student name: _____ Date of birth: ____ / ____ / ____

Email address: _____

I, _____ certify that I have informed my current agency service provider (agency name) _____ that I wish to end my relationship with them.

SECTION TWO: To be completed by CURRENT agency service provider

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

Company stamp

Agency name: _____

Name of agent: _____

Agent email: _____

Date: ____ / ____ / ____

SECTION THREE: To be completed by NEW agency service provider

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

Company stamp

Agency name: _____

Name of agent: _____

Agent email: _____

Date: ____ / ____ / ____

SECTION FOUR: To be completed by student to the best of his/her ability

Why have you decided to change agents?

SECTION FIVE: To be completed by 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		Date received	
Actioned by		Date actioned	