Form B: Appointment of Agent Form



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

Actioned by

SECTION ONE: 10 be completed by student		
University of Auckland Student ID:		
Student name:	Date of birt	h:/
Email address:		
l,		certify that I wish to appoint
(agency name)		
agency service provider. I authorise this agency provider to se	ubmit enrolment applications to th	e University on my behalf.
SECTION TWO: To be completed by new agency service	ce 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 THREE: To be completed by student to the b	pest of his/her ability	
Why have you decided to appoint this agency?		
OFOTION FOUR. To be assessed to develop the		
SECTION FOUR: To be completed by student Authorisation for new agency service provider to access studen	t information held by the University o	f Auckland Student Services Online
I, the Student, authorise the above Agency and any designated made by me or on behalf of me to the University ("my Application")	employees acting on their behalf to	access any enrolment applications
I understand that access by the Agency to my Application will b my Application to the University and the Agency will not disclose permission.		
I confirm to the University of Auckland that I will allow the Age months from the date of the signing of this consent. I under Application(s) at any time by notifying the Agent or the University	stand that I may withdraw consent	
Student Signature:	С	vate://
For University of Auckland staff use only	Date received	

Date actioned