

Form A: Change of Agent Form (代理人变更表)



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

SECTION ONE: To be completed by student in English (由学生用英文填写)

University of Auckland Student ID (奥克兰大学学生ID): _____

Student name (学生姓名): _____ Date of birth (出生日期): ____ / ____ / _____

Email address (电邮地址): _____

本人 _____ 证明, 本人已通知当前的代理服务提供商 (代理机构名称) _____, 希望结束与他们的业务关系。

SECTION TWO: To be completed by CURRENT agency service provider in English

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

Agency name: _____

Name of agent: _____

Agent email: _____

Date: ____ / ____ / _____

Company stamp

SECTION THREE: To be completed by NEW agency service provider in English

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

Agency name: _____

Name of agent: _____

Agent email: _____

Date: ____ / ____ / _____

Company stamp

SECTION FOUR: To be completed by student to the best of his/her ability in English (由学生用英文尽其所能回答)

Why have you decided to change agents (你为什么决定更换代理人)?

SECTION FIVE: To be completed by student (由学生填写)

授权新代理服务提供商访问奥克兰大学学生在线服务持有的学生信息

本人(学生)授权上述代理机构以及代表其行事的任何指定员工, 通过学生在线服务(SSO)访问本人或代表本人向大学("我的申请")提出的任何入学申请。

本人了解该代理机构对我的申请的访问仅为提供建议、提交申请并跟踪本人提交入学申请的进度, 未经本人书面许可, 代理机构不得向他人透露我的申请中的任何信息。

本人向奥克兰大学确认, 本人将允许该代理机构代表本人访问SSO, 期限为自签署本同意之日起两年零六个月。本人理解, 本人可通过书面形式通知代理人或大学, 随时撤销授权代理人访问本人申请的同意。

Student Signature

(学生签名): _____

Date (日期): ____ / ____ / _____

For University of Auckland staff use only

Actioned by		Date received	
		Date actioned	