

Authorization of Representation Form

I, _____ (name of the student) hereby confirm and authorize Education Care Limited to be my sole representative and act on my behalf in all matters related to my application to _____ (University's name). I also confirm that I have received counselling from this agent, when submitting my application to the university, or have received advice as part of the application process.

Details of Student	
First Name	
Surname	
Date of Birth	
University ID/Reference No.	
UCAS ID (if applicable)	
Course Applied	

If the student applied initially through another agent and is requesting agent transfer complete the section below I accept the responsibility to notify _____ (name of the previous agent) previous agent's name that I will no longer require their services.

If the university requires further information regarding the above request, please do not hesitate to contact me.

Signature:

Date:

Print Name: