

Office of the Registrar

Office of the Registrar,
1812 Sir Isaac Brock Way.,
St. Catharines, ON, CANADA L2S 3A1
TEL: 905-688-5550 FAX: 905-988-5488
www.brocku.ca/registrar

**Authorization for Release of
Information (Agents)
to Act on Behalf of Applicant
(To Be Uploaded to Applicant's Portal)**

APPLICANT INFORMATION		
Title	Surname	Given Name(s) <i>**Names exactly as submitted on application</i>
Date of Birth (YYYY/MM/DD)		Brock ID (If Known)
<p>I hereby authorize the following Agency to act on my behalf in all matters limited to my application for admission to Brock University including, if necessary, Year 1 registration. I understand and agree that all information concerning my application to the University can be communicated to any agent within the agency named below.</p> <p>Agency name: _____</p>		
BROCK ACCREDITED ACADEMIC AGENT		OTHER AGENTS
Organization ID: _____		Agent Email : _____ Telephone: _____ <small>*All communication to an agent regarding this applicant will be sent to this agent email only. Ensure the email you provide is the same as the email on the original student application.</small>
Applicant Signature: _____		Date (YYYY/MM/DD): _____
Applicant E-mail: _____		
City/Country: _____		
Applicants using BROCK ACCREDITED ACADEMIC AGENT (only)		
<p>I also declare that I paid a total of (CAN) \$_____ (not including any application fee charged by Brock) to the above Agency for services related to my application.</p> <p>Applicant Signature: _____</p>		
<p>Duration of Authorization: This form is valid during the application cycle up to initial registration in Year 1 undergraduate courses. Once registered, applicants must grant third party authorization for each academic year attending Brock. A "Third Party Authorization Form" is available in the applicant's portal at my.brocku.ca.</p>		
<p>Protection of Privacy: Brock University gathers and maintains information used for the purposes of admission, registration, and other fundamental activities related to being a member of the University community and to attending a public post-secondary institution in the Province of Ontario. In signing this waiver form, you should know that the information you provide, and any other information placed into your student record, will be protected and used in compliance with Ontario's Freedom of Information and Privacy Act (R.S.O. 1990, c. F.31). The information on this form is collected under the authority of the Brock University Act, 1964, and is needed to ensure we are sharing information only with the individual(s) you have authorized us to do so with. Upon admission and registration, this information will form part of your student record for future reference purposes. If you have any questions about the collection, use and disclosure of your personal information by the University, please contact Admissions Department, Office of the Registrar, at Brock University (central@brocku.ca).</p>		