

# Authorized Agent Removal Form

To remove consent for an agent to access your application information and communicate on your behalf, please complete this form and return it to [international@assiniboine.net](mailto:international@assiniboine.net) directly. This will not affect the admission process or your enrolment. Once this form is completed, admissions will no longer communicate with the agent regarding the progress of your application.

<b>STUDENT INFORMATION:</b>	
Last Name:	First Name:
Student #:	Date of Birth (YY/MM/DD):
Program Intake (MM/YY):	Program Name(s):
Phone Number:	Email:
Name of Initial Agent/Agency:	
Reason for removal of Authorization:	
I (Applicant Name): _____ Student ID: _____ wish to cancel the authorization of the above agency. I understand that this means that the agency will no longer have access to my application information and will not receive application updates or be able to request information or make changes to my application on my behalf.	
If there are circumstances surrounding a need to remove your agent's authorization that you want to discuss with Assiniboine International, please contact Paige Jaenen, International Coordinator at <a href="mailto:jaenenp@assiniboine.net">jaenenp@assiniboine.net</a>	
Applicant Signature:	
Date:	