

CARLETON UNIVERSITY
ADMISSIONS SERVICES
AUTHORIZATION FOR THIRD PARTY TO ACT ON BEHALF OF APPLICANT
(for the **2020/2021** Admissions cycle)

Please print clearly

I, _____
Applicant's first/ last name

Applicant's address (complete address including country)

Applicant's personal telephone and e-mail

Date of birth _____ Carleton University student number _____
Year/ month/ day

hereby authorize

IEC Online GmbH

First/ last name (and/or Agency name if applicable) Date of birth (Year/ month/ day)

americas@ieconline.de

Address (complete address including country)

0049 30 403610400

Telephone/ e-mail

Agent

Relation to applicant

to act on my behalf in all matters concerning my application for admission to Carleton University including, if necessary, registration matters initiated or processed by Admissions Services. I understand and agree that all information concerning my application to the University can be communicated to the person, agent or agency named above.

Note: This form is valid only for the above named year

Signature of applicant

Date

City and country