

The Faculty of Graduate and Postdoctoral Studies will only accept typed, legible and completed forms. Missing information or the use of stamps will not be accepted.

Note:

1. This completed and signed form must be uploaded to applicant's Application Checklist in LORIS.
2. If the applicant engages the services of an education agent/agency after completing and submitting the application on LORIS, they must email the form to gradadmissions@wlu.ca from their personal email used for the application. If the completed and signed form has already been uploaded to LORIS, do not resend it by email.
3. This Authorization of Information Release form cannot be verified without your **Laurier Student ID number (9 digits)**; do NOT list your OUAC Reference Number.

| APPLICANT INFORMATION | | | |
|---|---------------------------------|------------------------------------|---------------------------|
| Legal Family / Last Name: | | Legal First & Middle Name: | |
| Gender: Male <input type="checkbox"/> | Female <input type="checkbox"/> | Other <input type="checkbox"/> | Date of Birth (YY/MM/DD): |
| E-mail: | Area code & Phone Number: | Laurier Student ID# (see #3 above) | |
| Home Address: | | | |
| Unit/Apt./ P.O. Box: | Number and Street: | | |
| City: | Province: | Postal Code: | Country: |
| Mailing Address (if different from above) | | | |
| Unit/Apt./ P.O. Box: | Number and Street: | | |
| City: | Province: | Postal Code: | Country: |

I authorize that the following individual(s) / agency may communicate with representatives of Wilfrid Laurier University on my behalf regarding my application for admission. The following individuals are further authorized to provide and/or obtain information related to my application for admission:

| EDUCATION AGENT/AGENCY | | | |
|---|--------------------|----------------|-----------------------------|
| Please complete the following fields if you have contracted the services of an education agent/agency: | | | |
| Have you contracted the services of an education agent? | | Yes ___ No ___ | |
| Name of Education Agency: | | | |
| Name of Agency Representative: | | E-mail: | |
| Mailing Address | | | |
| Unit/Apt./ P.O. Box: | Number and Street: | | City: |
| Province: | Country: | Postal Code | Area Code and Phone Number: |

By signing below, I acknowledge the above statement and understand I must provide written notification to Wilfrid Laurier University should I wish to revoke third party authorization for one or more of the parties listed above.

Signature: _____

Date: _____

The University collects personal information under the authority of the Wilfrid Laurier University Act. Personal information collected by any part of the University may be used or disclosed by other units to execute the functions of the University and to administer the relationship between the University and its prospective students, alumni, employees, clients, suppliers, partners and others. Further information about how your personal information is collected, used and disclosed can be found in Laurier's Notice of Collection, Use, and Disclosure of Personal Information. If you have questions about this Notice, please contact the Privacy Office at privacy@wlu.ca or visit wlu.ca/privacy.