



Authorization of a Representative

If you wish to designate a representative to perform registration and/or financial transactions with the Continuing Education and International Professional Programs on your behalf, you must complete this form.

Complete and submit this form to **ippadmin@ucalgary.ca**.

STUDENT INFORMATION (please print clearly)

Surname:	Given Name:	U of C Student ID # <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Email:		Phone Number(s):								

REPRESENTATIVE'S INFORMATION

Person/Organization:	Email:
Address (optional):	Phone Number:

1. I authorize the University of Calgary to release the information described below to the person/organization indicated above.

INFORMATION TO BE RELEASED TO REPRESENTATIVE (check all that apply):

<input type="checkbox"/> Registration Status (registration, withdrawals, transfers)	<input type="checkbox"/> Payment Confirmation	<input type="checkbox"/> Other (specify below)
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2. I authorize the person/organization named above to carry out the transactions specified below on my behalf, pertaining to the International Professional Programs at the University of Calgary.

TRANSACTIONS TO BE CARRIED OUT BY REPRESENTATIVE (check all that apply):

<input type="checkbox"/> All Transactions	<input type="checkbox"/> Course Registration(s)	<input type="checkbox"/> Pay Fees	<input type="checkbox"/> Transfer/Drop Course(s)	<input type="checkbox"/> Other (specify below)
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I acknowledge that I have read and understood this document. I understand that this authorization is voluntary, and that I may withdraw it at any time in writing. I understand that this authorization will expire one year from the time of signing. This authorization must be signed to be valid.

Student's Signature <hr/>	Date <table border="1"><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	m	m	d	d	y	y	y	y
m	m	d	d	y	y	y	y		

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to document your authorization to allow a representative to act on your behalf regarding the International Professional Programs. If you have any questions about the collection or use of this information please contact us at +1-403-220-2866.