This Student Information Release Form must attached to the application form and couriered to International Admissions c/o Seneca College, 1750 Finch Avenue East Rm. E2407, Toronto, ON M2J 2X5 Canada Tel: (416) 491-5050 x.2285.

## Seneca STUDENT INFORMATION RELEASE FORM

(PLEAE PRINT CLEARLY)

(* *	,						
Student Infor	mation						
Student First Name: Student Last Name					Male	Female	
Address							
City							
Country / Postal Code		Country:		Postal Code:			
Telephone:							
Date of Birth:		Month:	Day:		Year:		
			Buy.		rour.		
Seneca College Student ID #							
Student E-mail: Representative Information		on					
-		on	-				
My Agent:			Other:				
Agent Name:			First Name				
Company Name:			Last Name:				
Address:			Address:				
City / Country:			City / Country:				
Telephone:			Telephone:				
E-mail:			E-mail:				
Agent Number:			Relation to Student:				
			When did this				
agent submit			agent submit	Month:			
your application to Seneca? Year:			your application to Seneca?	Year:			
I hereby authorize the ab	ove noted individual t	o act on my behalf in all r	natters concerning my app	lication for ad	mission to Seneca	College	
be communicated to the i			d and agree that all inform	ation concern	ing my application	to Seneca can	
Student Signature:					Date:		
Representative Signature:					Date:		
Seneca College assumes no responsibility or liability, for the applicant's (student's) choice of representative. It is the applicant's (student's) responsibility to be info							
of all Seneca's policies and procedures, as it related to any and all aspects of the application, acceptance, payment, up to their arrival at Seneca as a full-time international student. A current and valid passport copy, showing the applicant's (student's) picture and signature, MUST accompany this							
form, to validate 'authorized representation'.							