

PERSONAL REPRESENTATIVE FORM

This form must be filled out by the student only if they would like WCC to release information about their admission to someone on their behalf. This form will not be accepted when completed by anyone other than the student applicant. **Without written consent, admission information will not be provided to anyone other than the student.**

APPLICANT INFORMATION

FULL NAME

WCC ID NUMBER

@00

EMAIL ADDRESS

DATE OF BIRTH

PERSONAL REPRESENTATIVE INFORMATION

NAME

RELATIONSHIP TO STUDENT

PHONE

EMAIL ADDRESS

STREET ADDRESS

CITY/TOWN

PROVINCE/TERRITORY

POSTAL CODE

COUNTRY

APPLICANT SIGNATURE

By signing this form, I authorize WCC to release information regarding the status of my admissions application to my personal representative named below. I certify that the information I have provided on this document is correct and complete. I will notify the Office of Admissions/International at WCC in writing of any changes in the information provided.

SIGNATURE

DATE