

Agent Representation Authority Form

Please complete this authority form using CAPITAL LETTERS and email it to authorityforms@sheffield.ac.uk within 4 weeks of a student registering with your agency.

Use this email for:

- All undergraduate and UCAS applications
- Postgraduate applications not submitted through the agent portal
- Pre-sessional English applications not submitted through the agent portal

Name of Agency		
Branch office (if applicable)		
Name of the Student	First Name	Family Name
Date of birth of the Student		
Email address of the Student		
Application for	☐ Undergraduate Course or Postgraduate Course	Applicant number/UCAS ID:
	☐ Pre-sessional English Course Applicant	Applicant number:

When did you first start using the services of this agency?

Please describe the help the agent has given you with your application (TICK ONE ONLY):

- ☐ Both application submission and post-application support (e.g., visa, accommodation)
- ☐ Only post-application support (e.g., visa, accommodation)

If you used a different agency to help with your initial application, please write the name of the company here (and the reason for no longer using their services):

For postgraduate students or pre-sessional English course students only - please tick your preference

☐ I request to move my application(s) to the agency's online portal: ☐ postgraduate course ☐ pre-sessional English course. I understand that this means I will no longer have direct access to my application and my agent will receive email correspondence relating to my application. I understand I will need to liaise with my agent who will manage my application on my behalf.

OR

☐ I prefer to retain access to my online application: ☐ postgraduate course ☐ pre-sessional English course and take the necessary actions myself.

Student declaration:

By signing and submitting this form, you agree that the above-named agency is authorised to access data relating to your application, can receive communications about your application and can act on your behalf in matters relating to your application.

Signed:	Print name:	Date:
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Agent declaration:

By signing and submitting this form, you confirm that the student named above has completed and authorised this form to use your services.

Signed:	Print name:	Date:
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