

# **PARENTAL / GUARDIAN CONSENT FORM** **FOR UNDER-AGE APPLICANT**

This form must be completed by a parent or legal guardian if the applicant is under the age of 18. The purpose of this form is to confirm that the parent or guardian gives permission for the learner to use the university application assistance service.

## **STUDENT INFORMATION**

Full Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ID Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **PARENT / GUARDIAN INFORMATION**

Full Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

## **CONSENT DECLARATION**

I confirm that I am the parent or legal guardian of the above-named learner who is under the age of 18.

I give permission for my child/ward to make use of the university application assistance service provided through this platform.

I understand that this service assists learners with preparing and submitting applications to institutions of higher learning based on the information and documents provided by the learner.

I acknowledge that the service provider does not guarantee admission to any university or college. Admission decisions are made solely by the respective institutions.

I consent to the collection and processing of my child's personal information and supporting documents for the purpose of assisting with university applications.

## **SIGNATURES**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please attach the following when submitting this form:

- Copy of Parent/Guardian ID
- Signed Consent Form (this document)
- Any other required supporting documents