



### THIRD PARTY AUTHORIZATION FORM

**Applicant Information:**

|  |  |                |  |
|--|--|----------------|--|
| UofT Applicant Number                    |  |                |  |
| Applicant Family Name                    |  |                |  |
| Applicant Given Name(s)                  |  |                |  |
| Applicant Date of Birth (Month/Day/Year) |  |                |  |
| Applicant Email                          |  |                |  |
| Applicant Address                        |  |                |  |
| Phone                                    |  | Fax (optional) |  |

I, \_\_\_\_\_ (**Applicant Full Name**), hereby authorize \_\_\_\_\_ (**Agency Name**) and the representative below to act on my behalf with regard to my application to the University of Toronto. I agree that this representative may discuss my application and academic information during the application process only.

**Applicant's Signature:** \_\_\_\_\_

**Agency Information:**

|                      |  |                |  |
|----------------------|--|----------------|--|
| Agency Name          |  |                |  |
| Representative Name  |  |                |  |
| Representative Email |  |                |  |
| Agency Address       |  |                |  |
| Phone                |  | Fax (optional) |  |

I, \_\_\_\_\_ (**Representative Name**), hereby state that the information submitted in this form is true and correct to the best of my knowledge.

**Agency Representative Signature:** \_\_\_\_\_

This form must be submitted to both the International Foundation Program (IFP) office and the admissions office at the University of Toronto before any advice or assistance can be given to a third party. This document should be signed by the individual parties mentioned above and submitted to [ifp@utoronto.ca](mailto:ifp@utoronto.ca) prior to the IFP document submission deadline.