

# CHANGE AGENT REQUEST FORM



In compliance with the Freedom of Information and Protection of Privacy Act, Coast Mountain College cannot release student information to a new educational agency without the written authorization of the student. Completion of this form authorizes the release of information as specified by you. The agency listed below will still be required to formally request this information from Coast Mountain College.

I \_\_\_\_\_  
(Student's First Name) (Student's Last Name)

\_\_\_\_\_ would like to request a change of agent *from* \_\_\_\_\_  
(Student Number) (Current Agency)

*to* \_\_\_\_\_.  
(New Agency)

By signing this form, the parties understand that only the authorized agency listed at the time of students application to Coast Mountain College would receive commission fee.

## Student Signature:

\_\_\_\_\_ Date \_\_\_\_\_

## New Agency Contact Information

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_