



ST. FRANCIS XAVIER
UNIVERSITY

Authorization for Release of Information and Declaration of Payment - Recruitment Partners

Applicant Information

SURNAME / FAMILY
NAME(S) _____

GIVEN
NAME(S) _____

DATE OF BIRTH
(YYYY/MM/DD) _____

STFX
Student
Number _____

APPLICANT EMAIL _____

Recruitment Partner Information

AGENCY NAME _____

AGENCY
EMAIL _____

AGENCY TEL # _____

1. Authorization

This form is only valid during the application cycle leading up to the Applicant's initial registration.

St. Francis Xavier University ("University") gathers and maintains information used for the purposes of admission, registration and other fundamental activities related to being a student at StFX University and to attending a public post-secondary institution in the province of Nova Scotia. In signing this waiver form, you should know that the information you provide, and any other information placed in your student record, will be protected, collected, retained, used, and disclosed only in compliance with Nova Scotia's Freedom of Information and Protection of Privacy Act and with the individual(s) you have authorized. Upon admission and registration, this information will form part of your student record. If you have any questions about the collection, use and disclosure of your personal information by the University, please contact

I hereby authorize the preceding recruitment partner to act on my behalf in all matters limited to my application for admission to StFX University including, if necessary, my initial registration. I understand and agree that all information concerning my application to the StFX University can be communicated to any agent within the agency named above.

Applicant Signature _____

Date _____

2. Declaration

I declare that I paid a total of (CAD) \$_____ (not including any application fee charged by StFX University) to the above Recruitment Partner for services related to my application.

Applicant Signature _____

Date _____