

AUTHORIZATION TO RELEASE INFORMATION, DESIGNATE REPRESENTATION, OR WITHDRAW SUCH AUTHORIZATION**Use this form if you would like to:**

- authorize the release of information regarding your CES educational credential assessment to a third party
- designate an individual or organization as your representative to CES
- withdraw the release of such authorization or designation

APPLICANT INFORMATION	
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.	Surname/Family Name
First/Given Name	Middle Name
Maiden/Former Name	Date of Birth (MM/DD/YYYY)

I. AUTHORIZATION TO RELEASE INFORMATION ABOUT MY EDUCATION CREDENTIAL ASSESSMENT AND/OR TO WITHDRAW SUCH AUTHORIZATION

Complete this section if you would like to authorize CES to release information regarding your educational credential assessment to a third party. The individual or organization you authorize will be able to obtain information about the status of your application and the outcome of your assessment.

- I authorize CES to release information to the following:
- I would like to withdraw permission to release information to the following:

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.	Surname/Family Name		
First/Given Name	Name of Organization		
Mailing Address		City/Town	
Province/State	Country	Postal Code/Zip Code	
Telephone	Country Code	Area Code	Number
Email			

COMPARATIVE EDUCATION SERVICE (CES)

AUTHORIZATION TO RELEASE INFORMATION, DESIGNATE REPRESENTATION, OR WITHDRAW SUCH AUTHORIZATION

II. DESIGNATION OF AN INDIVIDUAL OR ORGANIZATION TO ACT AS YOUR REPRESENTATIVE

Complete this section if you would like to have your educational assessment application managed by a third-party representative on your behalf. By completing this form, you are authorizing CES to share details regarding your CES application and assessment with a third party.

Please note: The individual/representative/organization you designate will be able to submit your application to CES on your behalf, obtain information about the status of your application and access your assessment report. You may make only one such designation.

CES will not process applications for an assessment unless they are signed by the individual whose credentials are to be assessed.

- I designate the following individual/organization to serve as my representative and to conduct business on my behalf with CES:
- Withdraw authorization of this individual/organization:

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.	Surname/Family Name		
First/Given Name		Name of Organization	
Mailing Address		City	
Province	Country		Postal Code
Telephone Country Code	Area Code	Number	
E-mail			
Would you like your assessment report to be sent to individual/organizations			<input type="radio"/> Yes <input type="radio"/> No

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INFORMED APPLICANT'S AGREEMENT AND CONSENT

I fully understand the requests I have selected on this form. I authorize and direct the Comparative Education Service (CES) to act on each request I make on this application. I accept responsibility for notifying CES immediately in writing if changes to these directions are required. I agree that CES may retain my personal information for ten years from the date of my application, and that it may retain this information indefinitely if CES determines that my documents are not authentic.

I authorize that my date of birth (DOB) may be used for identification purposes on all of my Academic Credential Assessment Reports issued by CES.

I hereby release the University of Toronto, its agents, and any person or entity that provides information in accordance with this consent, from and all actions, claims and demands for damages, loss, expense or injury, howsoever arising, which may hereafter be sustained by me as a result of the provision, collection, use or disclosure of information as set out above.

Applicant Name
(please print)

Applicant Signature

Date

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. The information you provide on this form will be used in assessing your request. At all times it will be protected in accordance with the Freedom of Information and Protection of Policy Act. If you have any questions, please contact scs.privacy@utoronto.ca

Visit our website for more information at www.learn.utoronto.ca/ces