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**STUDENT INFORMATION**

FULL LEGAL SURNAME/FAMILY NAME				FORMER LEGAL SURNAME (IF APPLICABLE)			
LEGAL FIRST NAME			LEGAL MIDDLE NAME				
PROGRAM:							
SEMESTER:							
LANGARA IDENTIFICATION NUMBER							

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**REPRESENTATIVE INFORMATION**

I have chosen the person/company stated below to receive all my correspondence and act as my representative.

Relative

Agent

Other: \_\_\_\_\_

NAME		COMPANY			
ADDRESS:			TELEPHONE		
			FAX		
EMAIL ADDRESS (This will be the primary email for all Langara Admissions communications.)					

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**CONDITIONS**

1. I understand that the Authorized Representative is permitted to represent me up to and including my first day of classes only.
2. I understand that my personal information is protected under the provisions of the British Columbia Freedom of Information and Protection of Privacy Act [RSBC 1996, Chapter 152] and will be used by Langara College for research and statistical purposes subject to the provisions of the Act.
3. I have read and understood the above statements.

Signature of applicant, parent, or guardian: \_\_\_\_\_  
(A parent or guardian signature is required for students under 19 years of age.)

Date: (dd/mm/yy): \_\_\_\_\_

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**FORM RETURN INFORMATION**

Return completed form to: International Admissions  
Registrar & Enrolment Services  
Langara College  
100 West 49th Avenue  
Vancouver, BC V5Y 2Z6