

Authorization Form

Student Full Name (insert BLOCK LETTERS):

Date of Birth (DD/MM/YYYY):

I, the above-named Student, hereby authorize Royal Migration Centre to act on my behalf to process and submit my application(s) to study at my chosen education institution (“Chosen Institution”).

By signing this form:

- **Authorization for Action:** I authorize Royal Migration Centre to undertake all necessary actions in my name and on my behalf to effectuate the purposes stated above, including signing all relevant documents on my behalf, as if these actions were carried out by me personally.

- **Acknowledgement of Privacy Policy:** I acknowledge that I have been advised to refer to the Royal Migration Centre privacy policy located at <https://royalmigrationcentre.com/privacy-policy> by my education agent or counsellor. I understand how Royal Migration Centre will collect, use, store, and transfer my personal data, and I am aware of my rights regarding my personal information.

- **Data Sharing Consent:** I authorize Royal Migration Centre and my Chosen Institution to share my personal data related to my application(s), including my enrolment, education, academic, and immigration records.

This form may be produced by Royal Migration Centre as evidence of my consent. This authorization shall remain valid for one year from the date of signing or until revoked by written notice.

Signature:

Date:

If you are **under 18 years**, consent is to be provided by your parent or legal guardian:

Parent/Guardian Signature:

Parent/Guardian Full Name:

Date: