

## Youth Academic Services Ltd (YAS)

(A most reliable and preferred educational consultancy globally)

## **Authorisation for Agent Representation**

I,	(name of the student), hereby
authorise Youth Academic Services Ltd	to be my representative and act on my
behalf in all matters connected with my ap	oplication to the
I confirm that I have/have not (delete connection with my application to	
If another agency has been used, please in	sert their name in the declaration below:
I accept the responsibility to notify	
Applicant details	
First name:	
Surname:	
Date of birth:	
Student ID (if known):	
UCAS application number (if applicable):	
Course applied for:	
Applicant's signature:	
Date:	