

**AUTHORIZATION  
FOR THIRD PART TO ACT ON BEHALF OF APPLICANT**

I, \_\_\_\_\_  
(First & Last Name)

\_\_\_\_\_  
(Complete address including country)

\_\_\_\_\_  
(Telephone/Email)

\_\_\_\_\_  
(Date of Birth)

**Hereby authorize**

**Adeniyi Temowo Immigration Services**

170 Sheppard Ave., East. Suite 302

Toronto, ON Canada M2N 3A4

Phone: 416-250-9449

Fax: 416-603-9190

to act on my behalf in all matters concerning my application for admission to Canadian post secondary institutions including the filling of such applications. I understand and agree that all information concerning my application for admission purposes can be communicated to Adeniyi Temowo Immigration Services.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City & Country)