

Authority form for data sharing

Dear Applicant,

Thank you for your interest in the University of Vaasa. We kindly ask you to complete this form because you wish to use the services of one of our authorized agents.

The EU has strict General Data Protection Regulations (GDPR) and if we are to engage in correspondence regarding your application and personal details with our agent, we require your permission to do so. Completing and signing this form gives us that permission.

Your personal data will be collected here and processed for the sole purpose of allowing your appointed agent to discuss all details pertaining to your application to study at the University of Vaasa. You can access our [full Privacy Statement here](#).

Your details		
1	Family name/surname	RAJU
2	Given name/forename	MAYA
3	Date of birth	12/04/1997
4	Course applied/applying for	
5	Email address	
6	Name of the agent you wish to use	
7	Date you first received counselling from this agent	
8	How did you/do you intend to apply to the University of Vaasa? (please tick)	<ul style="list-style-type: none"> • By myself • Through this agent • Through another agent • Other (please specify)
9	Date of application	15/04/2024
10	Application ID/number	1.2.246.562.11.0000000000002324206
11	If you originally applied through another agent, please give the name here:	
12	If you are therefore changing agent please detail the previous agent and why you are changing	

Declaration: I give full authority for my personal details and details of my application (including the decision where appropriate) to be disclosed to the company noted under section '6'.

Signed: 

Date: 16/04/2024

Thank you for completing this form. You should hand it to your counsellor who will forward it to their contact at the University of Vaasa.