

## Change of Agent Form

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Student Id#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Contact Info. (Email and phone number): \_\_\_\_\_

Original Agent: \_\_\_\_\_

New Agent (Name, Company, Address):  
\_\_\_\_\_

New Agent Contact Info. (Email and phone number):  
\_\_\_\_\_

Reason for changing Agent:  
\_\_\_\_\_  
\_\_\_\_\_

Have you notified your original agent that you are no longer working with them?

Yes \_\_\_\_\_ No \_\_\_\_\_

*By signing below you give permission to Sheridan College to share the details of this form to both your original and new agent if required.*

Student's Signature: \_\_\_\_\_

\*Date of Request: \_\_\_\_\_

This form is to be filled out by the student directly and emailed directly from the students' Sheridan email address to [international@sheridanc.on.ca](mailto:international@sheridanc.on.ca)

**\* Please note that if a student is at "Fees Paid" status, a change of agent request will not be accepted**