

**Cardiff University Authority Letter**

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| --- | --- |
| Student’s full name (as on application) |  |
| Student’s date of birth |  |
| Cardiff University student number **or**  UCAS personal ID number |  |
| Course applied for |  |
| Agent information (name and city) |  |

I confirm that I give my permission for Cardiff University to share information regarding my application with this agent. I also confirm that I have received counselling from this agent, when submitting my application to Cardiff University, or have received advice as part of the application process.

Signed: ………………………………………………………………………………………………..

Date: ………………………………………………………..