

Third Party Letter of Authorization for Submission of Application and Consent to Use and Disclosure of Personal Information and Conditions of Application

I. AUTHORIZATION

I _____ (student name) hereby authorize _____ (Agent) to act on my behalf to complete and submit an application on my behalf to Cape Breton University and carry out all acts related to my application and admission to Cape Breton University. I understand and agree that I will be bound by any acts carried out by the Agent on my behalf and such acts will have the same effect as if they were performed by me.

This authorization is valid for one (1) year from the date of signature, unless Cape Breton University receives further written notice from me extending or rescinding this authorization.

II. CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

- I hereby authorize the release of my admissions status, name, student number, citizenship, enrolment status, program and confirmation of tuition paid, to the Agent (or any other agent designated by me) and to M Square Based Solutions Limited (MSM) upon submission of my application to Cape Breton University and while enrolled as a student at Cape Breton University.

III. CONSENT TO CONDITIONS OF APPLICATION

By signing this document, I also acknowledge the following conditions to the application to Cape Breton University submitted on my behalf:

- I agree that failure to list and provide previous, in-progress or completed transcripts from all institutions I attended on the application may be considered an intentional omission and can lead to the cancellation of my application for admission or withdrawal of my offer of admission.
- I agree that details concerning my application, enrollment, or any falsification of information may be provided to other institutions including the Association of Registrars of the Universities and Colleges of Canada, in accordance with the Freedom of Information and Protection of Privacy Act.
- I understand that by submitting an application, I consent to the sharing of the information supplied with faculty and staff who are facilitating my success at Cape Breton University. I understand that if I enroll in a co-operative program, I consent to the release of my academic record to prospective employers.
- I agree that supporting documents submitted to Cape Breton University are recorded and shredded to protect privacy and will not be returned under any circumstances. Further, neither the documents nor copies of the documents will be issued to third parties. Cape Breton University reserves the right to request an original document from the issuing institution.

- I agree that Cape Breton University reserves the right, without liability or penalty and without notice, to make changes to its policies and offered services and programs, including alteration of fees, cancellation of particular courses and changes to financial policies including the Refund Policy. Every student accepted for registration in Cape Breton University shall be deemed to have agreed to any such changes, whether made before or after said acceptance.
- I confirm that all information submitted in the application is my own, factually true, and honestly presented. I authorize review of my application. I authorize all schools/institutions attended to release any requested records. I understand that I may be subject to a range of possible disciplinary actions, including withdrawal of my offer of admission or dismissal, should the information I confirmed be false.
- I have read and consent to the Student Authorization and Consent noted below. Your consent is required to submit your application and process a request for a Provincial Attestation Letter (PAL).

Student Authorization and Consent

1. As of January 22, 2024, the Department of Immigration, Refugees and Citizenship Canada ("IRCC") requires that a provincial attestation letter (PAL) be included with certain study permit applications. I authorize Cape Breton University to act on my behalf for the purpose of obtaining a PAL from the Nova Scotia Department of Advanced Education ("Advanced Education"), including:
 - a. requesting a PAL on my behalf;
 - b. receiving the results of my request for a PAL, including receiving the PAL itself (if issued);
 - c. requesting my PAL be amended in the event of an error or omission; and
 - d. communicating with Advanced Education with respect to (a) – (c).
2. I understand and acknowledge that Advanced Education is a public body within the meaning of the Nova Scotia Freedom of Information and Protection of Privacy Act, SNS 1993, c. 5 ("FOIPOP") and is authorized to collect, use and disclose my personal information in accordance with FOIPOP.
3. I understand and acknowledge that when a request for a PAL is made on my behalf Advanced Education needs to collect my personal information, including my name, date of birth, contact information, and information about my program of study and enrollment status at Cape Breton University
4. I consent to **Advanced Education using my personal information for the following purposes:**
 - a. processing requests from Cape Breton University to issue a PAL on my behalf; and
 - b. issuing a PAL in the form and content required by IRCC; and
 - c. to IRCC for the purpose set out in paragraph 4(c), subject to an information sharing agreement being entered into by Advanced Education and IRCC.
5. I consent to Advanced Education disclosing my personal information:
 - a. to Cape Breton University for the purposes set out in paragraph 4
 - b. to IRCC, as necessary, for the purpose of verifying a PAL provided to me; and
 - c. to IRCC for the purpose set out in paragraph 4(c), subject to an information sharing agreement being entered into by Advanced Education and IRCC.
6. I understand and acknowledge that Advanced Education may disclose my personal information **without my consent** if the disclosure is required or authorized by FOIPOP or an order issued by a court of competent jurisdiction.
7. I understand and acknowledge that Advanced Education will only issue **one** PAL to me between the date the PAL is issued and the date it expires. During this time period, no other Nova Scotia designated learning institution can obtain another PAL on my behalf.
8. I understand and acknowledge that this consent and authorization is valid for one (1) year after the date it is signed, unless I revoke it in writing by contacting Cape Breton University.
9. I understand and acknowledge that if I have any questions about the collection, use, retention, disclosure, or destruction of personal information by Advanced Education, I may contact postsecondary@novascotia.ca.

Full Name: (printed) _____

Signature: (must be with pen, e-signatures are not acceptable) _____

Date: _____

WITNESS - Full Name: (printed) _____

Signature: (must be with pen, e-signatures are not acceptable) _____

Date: _____



P.O. Box 5300, 1250 Grand Lake Road, Sydney, NS Canada B1M1A2
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