

ELS Applicant Authorization Form

This form certifies that the applicant, Family Name Given Name Middle Name Date of Birth (MMDDYY) has granted permission for the undersigned agency to represent her/him in matters pertaining to the University of La Verne's application and admission process. ☐ Applicant Admissions materials and correspondence should be sent to*:

ELS UAS Representative * Note: this selection may be changed at any time by the applicant ELS UAS Representative's Name: ELS UAS Representative's E-mail Address: ELS USE ONLY Applicant's Signature: ____ (Must be student's signature) Representative's Signature: Date Third Party Billing Information [REQUIRED FOR PROMOTIONAL ALLOWANCE] X Agency Name: 🔀 Agency Code (if applicable): _____ 🔀 Agency Address: _____ 🔀 Agent Representative's Name: ______ 🔀 Representative's E-mail Address: ______ Third party agents and students should contact their ELS University Admission Services representative for updates regarding the University of La Verne.

This form must accompany ALL applications for the University of La Verne.