



**MANITOBA INSTITUTE OF
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Authorization Removal Form

To remove consent for an individual, organization, or agency from accessing your application information and communicating with MITT on your behalf, please complete this form and return it to admissions@mitt.ca directly. This will not impact the admission process or your enrolment with MITT. Once this form is completed, admissions will no longer communicate with the individual, organization, or agency listed below regarding your application.

Applicant Last Name (Family name/surname): _____

Applicant First Name (Given Name): _____

Applicant Date of Birth (MM/DD/YY): _____ Student ID #: _____

Applicant Email address (Email associated with the application): _____

I wish to remove consent/authorization for the following individual, organization or agency:

Individuals Name (If applicable): _____

Organization / Agency Name (if applicable): _____

Reason for removal of authorization:

If there are circumstances surrounding a need to remove your agent's authorization that you want to discuss with MITT, please contact agent.relations@mitt.ca .

I (Applicant Name): _____ **Student ID:** _____

wish to cancel the authorization of the above individual, organization, or agency. I understand that this means that this individual, organization, or agency will no longer have access to my application information and will not receive application updates or be able to request information or make changes to my application on my behalf.

Applicant Signature: _____ **Date:** _____

(Hand-written signature required. Digital signatures will not be accepted)

ADMISSIONS OFFICE USE ONLY

Date Received:

Date Entered: