

Change of Agent Form

Last Name: _____

First Name: _____

Student Id#: _____

Date of Birth: _____

Student Contact Info. (email and phone number): _____

Original Agent: _____

New Agent: _____

Reason for changing Agent: _____

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

Do 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 sent by email to
anaita.mcintyre@sheridanc.on.ca**