



Gold Coast Learning Centre
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Letter of Authority/Change of Agent Form

STUDENT'S DETAILS	
First Name	
Last Name	
Student Number	
D.O.B.	
Email Address	
Phone Number	
Nationality	

AGENT'S DETAILS	
Current Agent	
New Agent	
Email Agent	
Agent Phone	
Reason for Change of Agent	

Please attach any supporting documentation if required.

Declaration: I authorise to appoint the agent listed above to be my education agent

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY			
Application approved by:		Date received:	
Application denied by:		Date Received	
Account Manager advised by email:			

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