

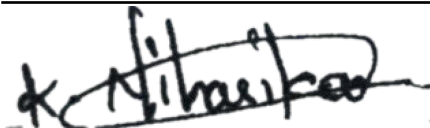
## **Representative Authority Form**

I give permission for Elizabeth School of London (*insert representative's name*) to act on my behalf in all matters regarding my application to study at the University of Greenwich, including all offer letters, CAS Checking Sheets and the CAS Statement (which will include my CAS number from UKVI).

I have referred to the [Student Applicant Privacy Notice](#) for more information about how my data will be used.

Print Name: NIHARIKA KOPURI

Date of Birth: 02-08-1999

Signature: 

Date 01-02-2021