

## **Custodian Request Form**

Return Address: (Put your full home mailing address here. If parents / guardians do not reside together, please include the address and phone numbers for both indicating the one where the student resides)

Date of Birth	(dd/mm/yy)	Male _	Female
Citizenship			
	ersity Student ID Number		
Phone Numb	oer	(	Please include country/city code)
			Email
legal age of and whereas	majority (19 years) in the s my son/daughter will be with a start date of _	Province of Nova Sco attending full-time , I hereby aut	da that all persons who have not a tia, be obliged to have a custodiar studies at Acadia University in the horize Mr. James Sanford, Executiv custodian until his/her nineteenth
	<del>-</del>		is custodianship agreement may l he Custodian Agreement Terms of I
Signature (Pa	arent / Guardian #1)	 Signature	(Parent / Guardian #2)
	,		(Parent / Guardian #2)
	arent / Guardian #1) Parent / Guardian #1)		(Parent / Guardian #2) ne (Parent / Guardian #2)
Print Name (	,	Print Nar	
Print Name (	Parent / Guardian #1) rdian #1 Birth date (dd/mn	Print Nar	
Print Name ( Parent / Gua Parent / Gua Forward to:	Parent / Guardian #1) rdian #1 Birth date (dd/mn	Print Nar n/yy) n/yy)	ne (Parent / Guardian #2)
Print Name ( Parent / Gua Parent / Gua	Parent / Guardian #1)  rdian #1 Birth date (dd/mn rdian #2 Birth Date (dd/mr  Scanned signed copies ca Acadia University	Print Nar n/yy) n/yy) an be emailed to <u>cust</u>	ne (Parent / Guardian #2)
Print Name ( Parent / Gua Parent / Gua Forward to: By Email:	Parent / Guardian #1)  rdian #1 Birth date (dd/mn rdian #2 Birth Date (dd/mr  Scanned signed copies ca Acadia University Enrolment and Student S	Print Nar  n/yy)  m/yy)  an be emailed to <u>cust</u> Services	ne (Parent / Guardian #2)
Print Name ( Parent / Gua Parent / Gua Forward to: By Email:	Parent / Guardian #1)  rdian #1 Birth date (dd/mn rdian #2 Birth Date (dd/mr  Scanned signed copies ca Acadia University Enrolment and Student S Custodian Requests - Bo	Print Nar  n/yy)  m/yy)  an be emailed to <u>cust</u> Services	ne (Parent / Guardian #2)
Print Name ( Parent / Gua Parent / Gua Forward to: By Email:	Parent / Guardian #1)  rdian #1 Birth date (dd/mn rdian #2 Birth Date (dd/mr  Scanned signed copies ca Acadia University Enrolment and Student S	Print Nar  n/yy)  m/yy)  an be emailed to <u>cust</u> Services x 40	ne (Parent / Guardian #2)

Also please submit a copy of the Information Page of your Passport, the signed Custodian Terms of Reference document and the completed (page 2) Government of Canada Custodial Declaration form.

Faxed signed copies can be sent to 902-585-1092

By Fax: