

NOTIFICATION OF USE OF SERVICES OF A RECOGNISED UNIVERSITY OF SHEFFIELD RECRUITMENT AGENT

Please complete in BLOCK CAPITALS

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Name of agency	UKUni		
Your name	First Name: AESHAH MANSOUR S Family Name: ALHUSAYNI		
Your date of birth	16/11/1991		
Your email	Aishusyni@gmail.com		
this agency?	start using the services of	If you have a University of S ID or UCAS nu	lready applied to study at the Sheffield, what is your applicant mber?
	help the agent has given		
	and the reason for no long		ation, please write the name of rvices):
Please move my longer have direct act to my application. I u my behalf.	cess to my application and r	online portal. I un ny agent will recei e with my agent w	derstand that this means I will no ve email correspondence relating ho will manage my application on secessary actions myself.
ata relating to your ap	ing this form you agree that oplication, can receive commelating to your application.	the above-named	d agency is authorised to access your application and can act on
Signed:	Print name: AESHAH MANSOUR	S ALHUSAYNI	Date: 03/01/2023
gent Declaration: By nake use of your service	signing and submitting this ces has filled out this form.	form, you confirm	n that the student who wishes to
Signed:	Print name:	ı î	Date: 3/01/2023
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