



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)

Family Name _____ Given Names _____

Date of Birth (dd/mm/yy) _____ Male _____ Female _____

Citizenship _____

Acadia University Student ID Number _____

Phone Number _____ (Please include country/city code)

Fax number _____ Email _____

Agreement:

Whereas it a requirement of the immigration laws of Canada that all persons who have not attained the legal age of majority (19 years) in the Province of Nova Scotia, be obliged to have a custodian in Canada and whereas my son/daughter will be attending full-time studies at Acadia University in the Faculty of _____ with a start date of _____, I hereby authorize Mr. James Sanford, Executive Director, Student Services, Acadia University, to act as his/her official custodian until his/her nineteenth birthday; I understand that you will act as the primary contact between organizations such as police or governmental officials in cases of emergency. I also understand that this custodianship agreement may be revoked if _____ (student name) fails to comply with the Custodian Agreement Terms of Reference.

Signature (Parent / Guardian #1)

Signature (Parent / Guardian #2)

Print Name (Parent / Guardian #1)

Print Name (Parent / Guardian #2)

Parent / Guardian #1 Birth date (dd/mm/yy) _____

Parent / Guardian #2 Birth Date (dd/mm/yy) _____

Forward to:

By Email: Scanned signed copies can be emailed to custodian@acadiau.ca

By Mail: Acadia University
Enrolment and Student Services
Custodian Requests - Box 40
31 Acadia Street
Wolfville, Nova Scotia, Canada
B4P 2R6

By Fax: Faxed signed copies can be sent to 902-585-1092

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.