



**SUMMIT
PACIFIC
COLLEGE**

D I S T A N C E E D U C A T I O N

Declaration of Guarantor for Proof of Identity

(Please print in black or blue ink)

The personal information of the applicant collected on this form is for the purpose of determining the applicant's eligibility for admission to Summit Pacific College's Distance Education Program. It is collected in accordance with Summit Pacific College's Personal Information Privacy Commitment and Policy and is used only for the purpose of confirming the applicant's identity.

Applicant's Information (must be completed in the presence of the guarantor)

Surname: _____ Name(s): _____

Street No. and Name: _____ Apt. #: _____

City: _____ Prov: _____ Postal Code: _____

Date of Birth (mm/dd/yyyy) ____/____/____

I certify that I am the individual named above and that my date of birth and residential address are as stated above, and the signature below is my signature. I consent to Summit Pacific College collecting the information about me set out under the Applicant's section from my guarantor and such other personal information about me from my guarantor to verify my eligibility for enrolment.

Applicant's Signature _____

Declaration of Guarantor (must be completed)

The personal information of the guarantor is collected to assist in verifying the applicant's eligibility for admission to Summit Pacific College's Distance Education Program. It is collected in accordance with Summit Pacific College's Personal Information Privacy Commitment and Policy and is used only for the purpose of confirming the applicant's identity.

Surname: _____ Name(s): _____

Choose from list on the back of this form

Occupation: _____ Organization: _____

Business Telephone: _____ Home Telephone: _____

Street No. and Name: _____ Apt. #: _____

City: _____ Prov: _____ Postal Code: _____

Knowledge of Applicant (Number of Years): _____

I solemnly declare that I am a Canadian citizen, that the applicant filled out this form in my presence, that all the statements made by the applicant and by me on this form are true and that the above signature is a true representation of the applicant's signature. I have known the applicant personally for at least TWO years. I am qualified to witness this application as I am actively employed or licensed in one of the listed occupations or offices.

Guarantor's Signature: _____

Date: _____ Signed at (City/Province): _____

Choosing an eligible Guarantor

Your guarantor must:

1. Be a Canadian citizen residing in Canada
2. Have known you personally for at least two years
3. Be actively employed or engaged in Canada in one of the following qualifying occupations or offices:
 - i. Dentist, medical doctor or chiropractor
 - ii. Judge, justice of the peace or a police officer serving in the Royal Canadian Mounted Police or a provincial or municipal police force
 - iii. Lawyer
 - iv. Mayor, reeve or other chief elected official of a municipality
 - v. Minister or religion authorized under the laws of your province to perform marriages or authorized to do so under the laws of another province or territory in Canada
 - vi. Notary public
 - vii. Optometrist
 - viii. Pharmacist
 - ix. Postmaster
 - x. Principal of or teacher at a primary or secondary school
 - xi. Professional accountant
 - xii. Professional engineer
 - xiii. Senior administrator of or teacher at a university or community college
 - xiv. Veterinarian
 - xv. Chief of a band, as defined in the *Indian Act* (Canada), or a membership clerk of such a band
 - xvi. Member of Parliament
 - xvii. Member of the Legislative Assembly or of the legislative assembly or provincial parliament or another province or territory of Canada
 - xviii. Federal penitentiary warden or full time penitentiary chaplain

If you have any questions about the collection of your personal information, or your privacy, please contact Summit Pacific College's Privacy Officer, Melody Deeley, at (604) 851-7225 or at 1-800-976-8388 (mdeeley@summitpacific.ca). Summit Pacific College's Personal Information Privacy Commitment and Policy is accessible at www.summitpacific.ca or by request from the Privacy Officer.

WARNING to all applicants and guarantors – Any false statement, misrepresentation or concealment of any material fact on this form or any document presented in support of this application may be grounds for denial of acceptance.

Please address all correspondence concerning your Application for Admission to:

Summit Pacific College
Admissions
PO Box 1700
Abbotsford, BC V2S 7E7