



Consent to the Disclosure of Personal Information*

This form must be provided to the Australian National University by the person granting consent.

1. Personal details

The information in the fields below will not be considered by the University as a request to update your student record.

Form fields for personal details: Family name, Given names, Address, University ID, Phone/mobile, Date of Birth.

2. Consent Authorisation

I hereby consent to the following records and/or personal details/information: (tick relevant boxes)

- Consent checkboxes: Name and address, University ID and Enrolment Status, University Results or other Progress Reports, Financial Information, Transcript, Graduation Statement, Other.

Being disclosed by The Australian National University to: (tick relevant box(es))

A) the authorised person(s) of the Government or Agency with authority to obtain such details, and/or

B) the following person(s): (complete as many as required)

Form fields for authorized persons: Full name, University ID, Date of Birth (two columns).

Form fields for signatures and dates: Student's signature, Witness's signature, Witness's name (print), Date.

* Does not include Personal Information that is required to be disclosed under Australian law by The Australian National University. "Personal Information" means information or an opinion...

** The authorised person must present photo identification (eg a passport or driver's license)

STUDENT CENTRAL OFFICE USE ONLY

Form fields for office use: Name (print), Signature, Date Processed.