

# Consent to Disclose



- Complete this form if you would like to grant permission to ECU to disclose your information to a third party
- Consent will be kept on file until you rescind permission or you specify an end date

## Student Details

Student No									
Family Name					Given Name				

## Details of Proxy

Family Name					Given Name				
Date of Birth		# Driver's License or Passport Number *(for ID verification)		Relationship to you					

## Consent Details

Duration of Consent	<input type="checkbox"/> Ongoing	OR	<input type="checkbox"/> End Date (please specify):	
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I hereby authorise the above listed individual to:

- Act on my behalf in ALL matters pertaining to my studies at Edith Cowan University

**OR**

- To perform the following actions on my behalf (tick all that apply):

Enquiry

- Academic details only including but not limited to enrolments, results and appeals
- Financial details only including but not limited tuition fees and account details

Document Collection

- Academic Transcript
- Course Completion Letter
- Other (please specify): \_\_\_\_\_

Student Signature		Date	
Proxy Signature		Date	
<b># All authorised proxies must present the photographic identification stated above when verifying identities to staff</b>			

## Return Completed Form to Student Central

Email <a href="mailto:enquiries@ecu.edu.au">enquiries@ecu.edu.au</a>	Joondalup Building 34	Mount Lawley Building 3	South West Building 1
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## Office Use Only

Received By		RN # (if applicable):		Privacy Note added to Callista Person Notes	<input type="checkbox"/>
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