

## Third Party Authorisation For Student Information

### Student details (please print clearly in block letters)

Family Name:

Given Name:

Title (Mr, Miss, Mrs, Mx etc )

Date of Birth (dd/mm/yyyy)

 /  / 

Current address

Town/suburb

Post code

Daytime phone

Mobile phone

Email

### Using this form

#### Use this form to:

- Authorise release of personal information to a third party (eg parent/guardian, relative, insurance, financial and legal organisations on request).
- Enable someone to collect student information on your behalf when requested.

#### Who can use this form:

- Current and past Griffin domestic and international students.
- Students applying to Griffin (domestic and international).

### Privacy

Griffin is subject to the Information Privacy Act 2009 and is committed to protecting the privacy of personal information. Information collected on this form will be used to process your request for third party authorisation to access information relating to your studies. The information will not be disclosed further, unless required by law.

### 1. Details of the third party to whom information can be released (complete as applicable)

I authorise the following person to be my third party:

Title (Mr, Miss, Mrs, Mx etc ) \_\_\_\_\_ Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy)

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|--|--|--|--|--|--|--|--|--|--|

Email \_\_\_\_\_

Relation with the Student \_\_\_\_\_ Phone \_\_\_\_\_

Current address \_\_\_\_\_

Town/Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

### 2. By signing this form I authorise the following (please tick and sign)

Release this information to my third party:

Application information

Fees information

Current and previous enrolment details

Student record information

Attendance records

Collection of my academic transcript/verification of qualification letter/enrolment letter.

Other (please specify)

Time period for the authorisation (if no option is chosen then the period will be until the end of your current course)

For this period only: starting \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending \_\_\_\_/\_\_\_\_/\_\_\_\_

For this course only (please specify)

All my studies at Griffin

Other (please specify)

Student's Signature \_\_\_\_\_

Date ..... /..... /.....

#The authorisation ends on the day you become 'course complete' in Griffin records.

### 3. Instructions

Authorisations may take up to five working days to take effect. Griffin will not release details unless a request is initiated by the student or the nominated third party.

#### Lodging this form

This form must be lodged either:

1. In person at Griffin on campus, showing your Griffin student ID card or photographic proof of identity
2. Scanned and emailed to [info@griffin.edu.au](mailto:info@griffin.edu.au)