



UOW ADMINISTRATION

Consent to release student information

The purpose of this form is to grant the University of Wollongong (UOW) permission to liaise with a third party (on a prospective student's behalf). All fields are mandatory.

Date: _____	Application / student number: _____
Name: _____	Date of birth: _____
Email address: _____	
Contact number: _____	Relevant degree/course: _____
I authorise UOW to liaise with the third party named below:	
Name of third party: _____	
Email address: _____	
Contact number: _____	
Period of authorisation	
Once only <input type="checkbox"/> ; or	
Specified period: From: _____ To: _____	
UOW is authorised to (tick):	
<input type="checkbox"/> Discuss my personal information (such as name, date of birth, course or record); or	
<input type="checkbox"/> Accept financial deposits (payments) relating to my prospective enrolment.	
OR (other)	
If other, please detail specific information: _____	

Signed (student): _____	Date: _____
I understand and accept the terms and conditions in the Privacy General Consent and Disclosure Statement which can be viewed at: http://www.uow.edu.au/legal/privacy/UOW089606 .	

Note: This correspondence authority must be signed and returned by the student from their registered email address or personally handed in by the student.