

Disclosure of Information and Proxy Authorisation Form

To be completed by the student

Student ID:

Date of Birth:

Family Name: _____

Given Name(s): _____

Residential Address: _____

_____ Post Code: _____

Telephone Number: _____ Email: _____

I, _____ hereby authorise the individual below,
(Full Name of Student)

(Full Name of Proxy) (Driver's Licence/Passport /Curtin Student ID of Proxy)*

_____ (Residential Address of Proxy)

to act on my behalf in ALL matters related to my studies at Curtin University

OR

to perform the following actions, on my behalf (please tick relevant boxes below):

<u>Enquiry</u>
<p>Enrolment</p> <p>Student Fees Account</p> <p>Award Details</p> <p>Specific Information Only:</p>

<u>Collection</u>
<p>Letter to Confirm Enrolment</p> <p>Letter of Course Completion</p> <p>Visiting Relations Letter</p> <p>Academic Transcript</p> <p>Graduation Statement</p> <p>Graduation Tickets/Regalia</p> <p>Award Certificate (may include Academic Transcript and Graduation Statement)</p> <p>Payment Receipt</p>

This authorisation is valid until:

End date _____ OR

(Proxy End Date)

Continuing - will remain in effect while the student is enrolled in studies at Curtin University

Student Signature: _____ **Date:** _____

Proxy Signature: _____ **Date:** _____

Students under the age of 18 must have this form co-signed by a parent or legal guardian.

*All authorised proxies **must** present the photographic identification stated above when verifying identities to staff.

The information provided on this form will be retained by the University and handled in accordance with the University's policy on the management and disclosure of personal details and information.