

Disclosure of Information and Proxy Authorisation Form

To be completed in full by the student

Student ID: _____ DOB: _____

Family Name: _____

Given Name(s): _____

Residential Address: _____

_____ Post Code: _____

Telephone Number: _____ Email: _____

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

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

_____,
(Residential Address of Proxy)

to perform the following actions, on my behalf:

Please tick the relevant boxes.

<u>Enquiry</u>
<input type="checkbox"/> Enrolment
<input type="checkbox"/> Student Fees Account
<input type="checkbox"/> Award Details
<input type="checkbox"/> Specific Information Only:

<u>Collection</u>
<input type="checkbox"/> Letter to Confirm Enrolment
<input type="checkbox"/> Letter of Course Completion
<input type="checkbox"/> International Letter
<input type="checkbox"/> Academic Transcript
<input type="checkbox"/> Notification of Graduation
<input type="checkbox"/> Graduation Tickets / Regalia
<input type="checkbox"/> Award Certificate
<input type="checkbox"/> Tax Invoice
<input type="checkbox"/> Payment Receipt

Please note that this authorisation to perform the actions listed on this form will remain in effect on a single occasion only. All authorised proxies **must** present the photographic identification stated above* when verifying identities to staff.

Student Name: _____ Date: _____

Student Signature: _____

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

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.

CRICOS Provider code: 00301J (WA) 02367B (NSW)