

# Consent to Disclose Authorisation



- Complete this form if you would like to expressly 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
  - Where the third party is an entity, the entity may nominate an alternate authorised officer over the period for which this consent is active
- Completed form must be submitted by the student
- Authorised third parties must be able to verify their personal information as provided on this form when requesting information from ECU

## Section A: Student and Course Details

### Student Number

First Name

Surname

## Section B: Details of the Third-Party – Proxy or Entity/Organisation

### Proxy

### Entity

Given Name

Entity Name

Family Name

Entity ABN  
*(Australian Business Number)*

Date of Birth

Name  
*(Authorised Officer)*

Relationship to You

Position  
*(Authorised Officer)*

Driver's Licence or  
Passport Number

Phone Number  
*(Authorised Officer)*

Email Address

Email Address  
*(Authorised Officer)*

## Section C: Consent Details

Consent Duration

Ongoing

OR

End Date

### I hereby authorize the above listed to (tick all that apply):

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

Receive information on all matters pertaining to my studies at Edith Cowan University

### To perform the following actions (tick all that apply):

#### Enquiry:

Academic Details (including but not limited to enrolments, results and appeals)

Financial Details (including but not limited to tuition fees and account details)

#### Document Collection:

Academic Transcript

Course Completion Letter

#### Other:

Students Signature

Date

Third-Party's Signature

Date

COMPLETED FORMS ARE TO BE RETURNED TO THE [STUDENT HUB](#)

## Section D: Office Use Only

Received By:

Reference Number:

Service Note created