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

Student Details					
Student Number					
Family Name					Given Name(s)
Details of Third-Party – Proxy or Entity/Organisation					
Proxy				OR	Entity (To be completed by an authorised officer)
Given Name					Entity Name
Family Name					Entity ABN (Australian Business Number)
Date of Birth					Authorised Officer(s) Name
Relationship to you					Authorised Officer(s) Position
# Driver's License or Passport Number					Contact Number and Email Address of Entity
Consent Details					
Duration of Consent			Ongoing	OR	End Date or Semester (please specify):
I hereby authorise 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					
OR					
To perform the following actions (tick all that apply):					
Enquiry					Document Collection
— Academic details including but not limited to enrolments					Academic Transcript
Financial details	g but	not limited to	tuition fees	Course Completion Letter	
and account det	ails				Other (please specify):
Student Signature					Date
Third-Party* Signature	;				Date
*All authorised third parties must be able to verify their personal information as provided on this form when requesting information from ECU.					
Return Completed Form to the Student Hub					
Completed form is to be returned to https://www.ecu.edu.au/about-ecu/contact-ecu/make-an-enquiry					
Office Use Only					
Received By			Salesfo	orce Case #	Service Note created