



Consent to the Disclosure of Personal Information*

This form must be provided to the Australian National University by the person granting consent.

1. Personal details

The information in the fields below will not be considered by the University as a request to update your student record.

Family name		University ID	U
Given names		Phone/mobile	
Address		Date of Birth	 DD/MM/YYYY

2. Consent Authorisation

I hereby consent to the following records and/or personal details/information: (tick relevant boxes)

- ☐ Name and address
- ☐ University ID and Enrolment Status
- ☐ University Results or other Progress Reports
- ☐ Financial Information (including details of fees and fines owing and paid)
- ☐ Transcript (an authorised person to collect on behalf of the student)**
- ☐ Graduation Statement (an authorised person to collect on behalf of student)**
- ☐ Other (Please specify) _____

Being disclosed by The Australian National University to: (tick relevant box(es))

A) the authorised person(s) of the _____ Government or Agency with authority to obtain such details, **and/or**

B) the following person(s): (complete as many as required)

Full name		Full name	
University ID	U	University ID	U
Date of Birth	 DD/MM/YYYY	Date of Birth	 DD/MM/YYYY

Student's signature		Date	
Witness's signature		Date	
Witness's name (print)			

* Does not include Personal Information that is required to be disclosed under Australian law by The Australian National University. "Personal Information" means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about a natural person whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

** The authorised person must present photo identification (eg a passport or driver's license)

ANU OFFICE USE ONLY

Name (print):		Date Processed:	 DD/MM/YYYY
Signature:			