



Authority to release information form

This form is to be completed by students wishing to grant Third Party Access to their University records. Please fill in all details on this form, sign and return to **Student Services**. The Privacy Policy can be accessed at the [Torrens University website](#).

Section 1: Personal Details

First name	Surname
<input type="text"/>	<input type="text"/>
College	Student ID
<input type="text"/>	<input type="text"/>
Course	<input type="text"/>

Section 2: Third Party Details

(Person or organisation nominated to gain access to your records)

Name	Relationship	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing address	<input type="text"/>		
City	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number		
<input type="text"/>	<input type="text"/>		

Section 3: Access Levels

<input type="checkbox"/> Full access	<input type="checkbox"/> Partial access (select below)	
<input type="checkbox"/> Personal details	<input type="checkbox"/> Enrolment records	<input type="checkbox"/> Results of assessment
<input type="checkbox"/> Attendance records	<input type="checkbox"/> Financial account	<input type="checkbox"/> Award documentation
<input type="checkbox"/> Other	<input type="text"/>	

Section 4: Declaration

- I declare that to the best of my knowledge, the information I have supplied on this form is true and correct.
- I understand that the nominated third party on this form will be recorded on the *Student Records Management System* and will be able to supply the details provided on this form to access the appropriate account information if required.
- The third party nominated will have full access or partial access to my information until I request for the access to be removed.

Student signature

Date