THIRD PARTY PERMISSION REQUEST

Please note that this form must be lodged by the student in person at the Student Centre or sent via email from UC student email account.

This form will only be accepted accompanied by the:
- Student’s valid UC student ID card, proof of age card, drivers license or passport.
- Third Party’s valid UC student ID card, proof of age card, drivers license or passport.

Email: Student.Centre@canberra.edu.au
Fax: 02 62015040  Student Centre: 1B150  Phone: 1300 301 727

PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Student ID No.</th>
<th>Family name or Surname</th>
<th>Given Name(s)</th>
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Contact Telephone Number  Student Email

Date of Birth  Current Mailing Address

I authorise the third party specified below to collect my:

- [ ] Academic Transcript  [ ] Testamur (Graduation Certificate)  [ ] Proof of Enrolment letter
- [ ] Statement of Account  And to Pay my Account

Please note: Third party authorisation to act on a student’s behalf regarding enrolment and full access to a student’s University record will require a Power of Attorney.

Reason for collection / payment by a Third Party / Any other details:

Date of Collection / Payment  Student’s Signature  Date

THIRD PARTY INFORMATION

<table>
<thead>
<tr>
<th>Family name or Surname</th>
<th>Given Name(s)</th>
<th>Date of Birth</th>
</tr>
</thead>
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</table>

Drivers License / Passport Number  Relationship to Student

Third Party Signature  Date

Third party will need to provide the same identification initially submitted with this form to collect documents.

Australia Government Higher Education Provider Number  00212K
Personal information collected by the University is subject to the Commonwealth Privacy Act 1988
Postal Address: Student Centre, University of Canberra , Bruce, ACT Australia 2601
Phone 1300 301 727  Fax: +61 (0)2 6201 5040  Email: Student.Centre@canberra.edu.au