THIRD PARTY PERMISSION REQUEST

Please note that this form should be lodged at the Student Centre in person or sent via email from your UC student email account. This form will only be accepted accompanied with a 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

Student ID No.  Family name or Surname  Given Name(s)

Contact Telephone Number  Student Email

Date of Birth  Current Mailing Address

I authorise the third party specified below to collect my:

☐ Academic Transcript  ☐ Completion letter  ☐ Proof of Enrolment letter  ☐ Testamur (Graduation Certificate)

☐ 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:

Date of Collection / Payment  Student’s Signature  Date

THIRD PARTY INFORMATION

Family name or Surname  Given Name(s)  Date of Birth

Drivers License / Passport Number  Relationship to Student

Third Party Signature  Date

Third party will need to provide either a valid UC student ID card, proof of age card, drivers license or passport.

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