



Third Party Authorisation Form

1. This form is to be used:			
<ul style="list-style-type: none"> to authorise the release of information relating to your student record to a third party. (e.g. parent/guardian, relative or friend). To authorise a third party to apply for and collect documentation relating to your student record on your behalf. 			
2. Instructions:			
<p>You must submit the completed and signed form to Student Support Officer with current photo identification Applications submitted by a third party will not be accepted.</p> <p>If you are overseas and/or unable to submit the form in person, we will accept an emailed Third Part Authorisation Form under the following conditions:</p> <ul style="list-style-type: none"> the Third Party Authorisation Form must be completed and signed by you a certified copy of your photo ID must be emailed along with your Third party Authorisation form to studentsupport@sc.edu.au <p>Please note: Only emails sent from unofficial Salisbury College Australia email address or an email address registered via your Wisenet learner app account can be accepted. The authorised third party must present photo identification when collecting documents or obtaining information for which they are authorized.</p> <p>Please notify Student Support Officer immediately if you would like to amend or cancel the authorisation.</p>			
3. Important Information:			
<p>This information will be held by Student Support Officer and will be accessed when we receive an enquiry on the student's behalf.</p> <p>If you wish to authorize a third party to act on your behalf for an information type not listed under Authorisation Details, please ensure you select 'Other' and clearly state the actions you authorize a third party to take on your behalf. Any action/information type not nominated under 'Other' will not be accepted.</p>			
4. Student Details:			
Title:		Student Number:	
First Name:		Last Name:	
Mobile:			
Email:			
5. Third Party Details:			
Title:		Date of Birth:	
First Name:		Last Name:	
Mobile:			
Email:			
Address:			Postcode:



6. Authorisation Details:

Type of Information:

- | | |
|---|---|
| <input type="checkbox"/> Fee Information | <input type="checkbox"/> Application for Certificates/Statement of Attainment |
| <input type="checkbox"/> Enrolment Statement | <input type="checkbox"/> Collection of Certificates/Statement of Attainment |
| <input type="checkbox"/> Other (please specify) | |

Student Signature:

Date:

By signing this form, I authorize the release of the following information/documents to the person whose details and signature appear above. I confirm that have read, understand and agree.

Third Party Signature:

Date:

I confirm that I have read, understand and agree.

Office Use Only

Name of Officer:

Signature of Officer:

Date:

Final Checklist

- | | |
|---|---|
| <input type="checkbox"/> All parties signed | <input type="checkbox"/> Copy placed on Wisenet Enrolment logbook |
| <input type="checkbox"/> Learner can see | |