



# Academic Verification Privacy Waiver Form



I, \_\_\_\_\_,  
(Print Name)

of \_\_\_\_\_  
(Print Address)

hereby authorise Swinburne University of Technology to release my academic qualifications, results and / or enrolment details to \_\_\_\_\_.

(Print Company Name)

Signature: \_\_\_\_\_

Contact number: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Company Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Company stamp: