

Student Engagement (Student Information Centre)

Consent to Release Information Form

REMEMBER: FILL BEFORE PRINTING

This form gives written authority to staff from Swinburne University to OBTAIN AND RELEASE information relevant to your study requirements. Please read the information carefully and talk to Student Information and Records (SIR), if you need any clarifications.

Any personal information provided by you to Swinburne University will remain confidential and will not be disclosed without consent from yourself. The only exception is where there are legal requirements (e.g. court orders) and otherwise as set out in Swinburne's Privacy Collection Notice: http://www.swinburne.edu.my/privacy/

Student Name				
Student ID Number				
Course				
live permission for staff with the organisations listed bel	in Swinburne University to disclose mow:	ny academic-related inform	ation to the following	individuals or members
	Information (Name, organisation, relationship etc.)	MyKad/Passport No:	Contact Number	Email Address
Parents				
Legal Guardian				
Others				
Please specify relationship:				
understand that the informa	tion communicated to the above indiv	viduals or organisations wil	l be relevant to my st	udy.
Declaration must be signe	ed by the student and the completed for Student must present Identification			(SIR) for record purposes.
verification (authorisatio 2. Consent withdrawal mu 3. Under normal circumsta	st be done in writing via Student Web ances, it takes three (3) working days	omail or letter submitted in for the University to update	person (identification e the consent records	required). (granting/withdrawal) into
the system. Your reques	st will only take effect <u>upon request</u>	tultilment notification sei	nt to your Student W	<u>/ebmail.</u>