

UOW ADMINISTRATION

Consent to release student information

The purpose of this form is to:

- a) Provide consent to the University of Wollongong (UOW) to respond to an Education Verification request; or b) Provide consent to UOW to release student information to a third party (person or authority).

Date: Student number:	
Student name:	Date of birth:
Reference number (if applicable):	UOW email address:
Contact number: Relevant degree/course:	
I authorise UOW to release my personal information to the third party named below as per the following details:	
Name of Third Party:	
Period of authorisation: Once only (Education Verifica	ation); or
Specified period: start date: end dat	e:
Please select the information that you authorise UOW to release:	
All of the following	*
OR (please mark each individual box that applies)	
- Personal details such (name and date of birth) - Name of degree/course - Enrolment record (all) - Study date periods - Date(s) of conferral / graduation - Award(s) received - Study load/s - Subjects studied and grades received - Course fee information	
OR (other)	
If other, please detail specific information:	
Signed: Date:	

Important:

- 1. If for an Education Verification, student to provide completed form to the third party/organisation. Third party to attach this form (to their request for information) and submit to Student Central via (askuow@uow.edu.au); or
- 2. If for a prospective student Third Party Authorisation, prospective student to submit form to Student Central via futurestudents@uow.edu.au