



Authorised Third Party Request

To: Student Experience
T.C. Lamble Building
University of New England
Armidale NSW 2351

Student Details and Request

Student ID No.

Course

Full Name

Telephone Number

Email Address

Date of Birth

Current Mailing Address

I request that the person or organisation below (Authorised Third Party) be permitted to access records, enquire, transact and correspond with the University of New England (UNE) as specified in the Authority and Acceptance below. I understand that this request will be granted at the discretion of UNE and may be reviewed or revoked by UNE at any time without a reason.

The reason for making this request is:

- ☐ voluntary
- ☐ enduring power of attorney
- ☐ guardianship order

☐ or:

*Attach supporting/legal documentation.

Authority

1. In relation to the above course of study, I hereby authorise the Third Party specified below to act on my behalf for the following matters (tick relevant boxes):

- ☐ access to and changing of personal information;
- ☐ access to academic records;
- ☐ access to admission, enrolment and course progression records;
- ☐ completion of forms related to admission, enrolment and course progression;
- ☐ completion of forms relating to other University services;
- ☐ receiving and responding to communications from the University;
- ☐ financial transactions;
- ☐ lodging of appeals;
- ☐ making a complaint;
- ☐ requesting a review of a decision;
- ☐ other business matters not specific; and
- ☐ all matters relating to my business with the University.

2. This Authority remains valid from

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to

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or when revoked by me in writing, whichever is the earlier.

3. I understand that I have the right to revoke this Authority at any time by notice in writing to the University at the above address.
4. I acknowledge and agree that whilst this Authority is current, the University is entitled to rely on it in relation to the acts of the Authorised Third Party. I hereby release and discharge the University from all claims arising out of or in connection with the Authority.
5. I declare the information provided in this form is true and correct and understand that giving false and misleading information is a serious offence.
6. I acknowledge and agree that the Authorised Third Party will have access to my personal information and I agree to the Privacy Notice and Consent below.
7. I have attached a certified copy of proof of my identity which includes my photo and signature (e.g. copy of current Australian driver's license or passport).

Signature of Student

Date

/ /

Third Party (Person or Organisation)

Full Name

Organisation and ABN/ACN

Relationship to student/capacity

(eg: parent, child, guardian, attorney/Public Trustee) **attach a copy of power of attorney, guardianship order, financial management/administration order/other*

Telephone Number

Email Address

Address

Acceptance ***cross out inapplicable wording**

[On behalf of the above organisation/] I accept the arrangement and the responsibilities in accordance with this Authority. [I/The above organisation] agree/s to act and respond to communications from the University promptly. [I/The above organisation] agree/s to access, use or disclose personal information only as authorised by the person to whom the information relates and to act in the best interests of that person. [I/The above organisation] understand/s giving false or misleading information is a serious offence and that this permission and arrangement may be revoked or suspended by UNE or the above student at any time, including if [I/The above organisation] do/es not comply with the responsibilities herein. I hereby release and discharge the University from all claims arising out of or in connection with this Authority. I acknowledge that the above student and the University will have access to my personal information for the purpose of the Authority and its implementation. I acknowledge and agree to the Privacy Notice and Consent below.

Signature

(Individual)

Date

/ /

Full Name

*Attach a certified copy of a current Australian driver's licence, passport or birth certificate.

Signature

(Authorised Person of
Organisation)

Date

/ /

Full Name

Capacity

Privacy and Consent

1. I understand that the information I have provided (or will provide) to the University in connection with this form and the third party authorisation includes “personal information” as defined by the Privacy and Personal Information Act 1988 (NSW), and:
 - a. I acknowledge that this information is collected and held by the University for the purpose of processing this application, using the third party authorisation, enrolment and study progression purposes (as applicable); sending information regarding the University; and for various other administrative, academic and statistical purposes that assist the University to achieve its objects and functions, as described under the University of New England Act 1993 (NSW), the By-laws, Rules and Policies of the University, as amended and updated from time to time;
 - b. I agree that the University may disclose this information, and other information that may comprise my personal information, to third parties (some of which may be outside of NSW or Australia) including (without limitation) to:
 - i. Third parties that provide products or services to the University to assist the University in relation to the purposes, objects and functions referred to in paragraph (a) above, for example, third parties that facilitate the storage and management of student/graduate information;
 - ii. The Department of Education and Training (DET), and I acknowledge that DET may collect and store my personal information for use in connection with the Higher Education Information Management System and the Higher Education Support Act 2003 (Cth); and
 - iii. Other third parties as may otherwise be required, permitted or authorised by law.
 - c. I acknowledge that I have the right of access to, and alteration of, information concerning myself in accordance with the Privacy and Personal Information Act 1988 (NSW) and the University’s Privacy Management Plan.
 - d. I acknowledge that the University’s Privacy Management Plan provides further information in respect of the University’s rights and obligations regarding my personal information.
2. I understand that the supply of this information is voluntary and is required for this application. I understand that if the requested information is not supplied in full this may affect the application.