**AUTHORITY TO ACT AND RELEASE INFORMATION**

To: Student Success

 University of New England

Armidale NSW 2351

I, **[INSERT STUDENT’S FULL NAME, DATE OF BIRTH, ADDRESS, and STUDENT NUMBER**] hereby authorise and appoint **[INSERT FULL NAME, RELATIONSHIP TO YOU, DATE OF BIRTH, ADDRESS, TELEPHONE, EMAIL]** to act on my behalf, make and respond to enquiries with UNE, provide documents, files and information and receive files, documentation or information relating to my enrolment in **[COURSE PARTICULARS]**.

The reason for making this arrangement is **[INSERT AND ATTACH ANY RELEVANT PAPERS].**

This authority remains valid from the date of this Authority until **[insert date]** or when revoked by me in writing, whichever is the earlier.

DATED:

Signature …………………………………………..

Printed Name …………………………………………..

**ACCEPTANCE BY NOMINEE**

I accept that I must act in accordance with this Authority and in the best interests of **[INSERT STUDENT’S NAME]**. I accept that any personal information I am given access to is protected under legislation. I agree to access, use or disclose the information only as authorised by the person to whom the information relates. I agree that my appointment as a nominee may be revoked or suspended by UNE, including if I do not comply with my responsibilities and obligations.

DATED:

Signature …………………………………………..

Printed Name …………………………………………..