

Details of the student permitting release to a third party			
Name:			
Department:			
Date of Birth:			
Tel. No.:			
Email:			
I request that the following types of information:			Tick (✓)
Academic: course and programme details, progress, attendance, results etc.			
Health: disability, medical issues etc.			
Financial: fees, accommodation, library fines etc.			
Other (please specify):			
Be released to the following people:			Tick (✓)
Mother			
Father			
Spouse			
Other (please specify)			
By the following units:		Tick (✓)	Tick (✓)
My home department (tutor and admin)			Finance
Student Records			Accommodation
Occupational Health and Safety Services			Library
Equality and Diversity Office			Student Assistance Office
Other (please specify)			
NB The Medical Centre and Student's Union are separate organisations and must be contacted separately			
I understand that the individual(s) named above will be asked to confirm their identity by quoting the codeword I have specified below:			
I confirm that I am the person detailed above and enclose proof of identification (copy of passport, driving licence or University ID card) and I authorise the above listed units of the University to release the information specified to those third parties identified.			
Signed:			Date:

