

THIRD PARTY AUTHORISATION FORM

INFORMATION FOR STUDENTS

Australian Institute of Higher Education (AIH) is subject to the Privacy Act 1988 <https://aih.nsw.edu.au/privacy/>. AIH will not disclose your personal information without your consent unless AIH is under a legal obligation to do so.

WHO CAN USE THIS FORM

- Current and past AIH students
- Students applying to AIH

WHEN TO USE THIS FORM

This form is to be used:

- To authorise the release of information relating to your student record to a third party on request (e.g. parent, friend, employer, etc.)
- To authorise a third party to apply for and collect student information on your behalf

INSTRUCTIONS

You must submit your form in person to Student Services with current photo identification. If you are overseas and/or unable to submit a form in person, we will accept an emailed Third Party Authorisation Form from an official AIH student email address or an email address registered on your student record at AIH

- Applications submitted by a third party will not be accepted.
- The Third Party Authorisation Form must be completed and signed by you.
- Personal information collected in this form will be managed in accordance with Management of Personal Information Policy and Procedure at AIH (<https://aih.nsw.edu.au/aboutus/policies-procedures-2>).
- For international students, the following documentary evidence must be submitted along with the application: International Passport and AIH student ID card.
- For domestic students, you can use Australian Passport or Australian Driver Licence and AIH student ID card.
- The authorised third party must present photo identification when collecting documents or obtaining information for which they are authorised.
- Please notify Student Services immediately within 24 hours after submitting this form if you would like to amend or withdraw the authorisation before its expiry.
- The information contained in this application and any documentary evidence will be held at Student Services and an electronic version held on our student management system and will be accessed when we receive an enquiry on your behalf.
- If you wish to authorise a third party to act on your behalf for an information type is not listed in this form, please ensure you select 'Other' and clearly state the actions you authorise a third party to take on your behalf. Any action/information type not nominated under 'Other' will not be accepted.

If you require further information, contact Student Services via telephone on 02 9020 8050 or email studentservices@aih.nsw.edu.au.

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY

PERSONAL DETAILS

Title:	Mr	Mrs	Miss	Other (please specify)
Family name:				
First name(s):				Male Female
Date of birth (dd/mm/yy):				
Student ID:				
Phone (home/mobile):				
Email:				
Street no. and name:				
City:			Post code:	
State:			Country:	

THIRD PARTY DETAILS

Title:	Mr	Mrs	Miss	Other (please specify)
Family name:			Given name:	
Relationship to student:				
Date of birth (dd/mm/yy):				
Company name: (if applicable)				
Phone (home/mobile):				
Email:				
Street no. and name:				
City:			Post code:	
State:			Country:	

Valid from May 2019. Details may change. Published May 2019.

The Australian Institute of Higher Education is listed as a Higher Education Provider on the Tertiary Education Quality and Standards Agency's National Register of Higher Education Providers, provider number (PRV12013). ABN 701173349256. CRICOS Provider No. 03147A.

THIRD PARTY AUTHORISATION FORM



AUTHORISATION DETAILS

Type of information. Please tick:

Fees information

Collection of Academic Transcript

Collection of Testamur

Collection of Completion Letter

Proof of Enrolment Statement

Application for official document(s), please specify:

Release any required information, or please specify:

Other:

I authorise AIH to release my personal information and/or documents as indicated above to the person whose details appear in this form for the following period:

From:

To:

Signature of Student:

Date of authorisation:

OFFICE USE ONLY

Student services to complete upon collection

Third Party Details

Family Name:

Given Name:

Date of Birth:

Photo ID sighted:

Staff Member:

Type of Information/Documentation released:

Third Party to Complete

I confirm that I have received the above information/documentation

Signature:

Print Name:

Date:

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