

Complete and return this form via email (from your student email) to studentfinance@avondale.edu.au or in person to Student Finance Services on the Lake Macquarie Campus

Use this form to:

- Authorise release of personal information to a third party (e.g. parent/guardian, relative, insurance, financial and legal organisations on request) *
- Enable someone to collect student information on your behalf when requested

Avondale University (Avondale) is subject to the Privacy and Personal Information Protection Act 1998 and the Privacy Amendment (Private Sector) Act 2000. Avondale will not disclose your personal information without your consent unless Avondale is under a legal obligation to do so. Information collected on this form will be used to process your request for third party authorisation to access information relating to your studies. The information will not be disclosed further, unless required by law. For further details see our [Privacy Policy](#).

STUDENT DETAILS

Student ID	
Surname	Given Name/s
Date of Birth ____/____/____	Contact Phone Number

DETAILS OF THIRD PARTY

Relationship to Student	
Surname	Given Name/s
Date of Birth ____/____/____	Contact Phone Number
Email Address	Organisation (if applicable)

Relationship to Student	
Surname	Given Name/s
Date of Birth ____/____/____	Contact Phone Number
Email Address	Organisation (if applicable)

INFORMATION TO BE RELEASED

- Student Account and Financial Information, including provision of statements of account
- Application, enrolment and academic information

DECLARATION/CONSENT

I authorise the above as indicated and understand this remains in effect for the duration of my studies at Avondale and will contact Avondale in writing if I wish to withdraw or change this authority.

I understand that all Invoices, Statements of Accounts and any other Financial Information will go directly to my Avondale email account and subsequently I will need to forward this information onto the person/s listed above as required.

I acknowledge that Avondale may contact me to confirm details of this document if necessary.

Signature: _____ Date: ____/____/____

Office Use Only:

Received by:

Date: