



Permission to Advocate Form Disability Resources

Please complete this form if you are likely to need someone (a family member, friend or formal Advocate) to speak on your behalf to Disability Resources / Student Services staff.

I, _____, Student ID: _____
[enter your full name]

hereby give permission for:

Name: _____

Relationship to you (e.g. parent, spouse): _____

Contact number of advocate: _____

to communicate with Disability Resources / Student Services staff as my advocate, in order to have appropriate support services provided in relation to my studies. This communication may be conveyed verbally, in writing or electronically.

I understand that I may revoke this consent at any time by advising Coordinator, Disability Resources in writing.

(Student Signature)

(Advocate Signature)

(Signature of Witness)

Dated: ____ / ____ / ____

Please return this form to Student Services, USQ.
Please retain a copy of this form as required for your records.