UNIVERSITY OF SOUTHERN QUEENSLAND

AUTHORITY TO RELEASE PERSONAL INFORMATION

CRICOS Provider No. 00244B QLD | 02225M NSW

TO WHOM IT MAY CONCERN

This advice is to certify that I, _____
(print full name)

of _____
(postal address)

give permission for USQ (University of Southern Queensland) to release details of the items indicated below (please tick relevant item/s):

- ☐ enrolment
- ☐ fees
- ☐ results

to: _____
(print full name of nominee – refer Note 1 below)

of _____
(postal address)

during the term of my study program at USQ.
I understand that I can revoke this authority at any time by notifying USQ in writing.

Name: _____

Student ID: _____

Date of Birth: _____

Signature: _____

Date: _____

Note 1: The appropriate nominee will, generally, be individuals or organisations responsible for sponsoring the student such as a family member, employer or government agency.

Note 2: This authority should be returned to:

Manager
Student Support & Retention
Student Management Division
University of Southern Queensland
TOOWOOMBA QLD 4350

Phone: +61 7 4631 2063 **Fax: +61 7 4631 2893**