

# Permission to Advocate

To register for disability support



Please complete this form if you would like to nominate someone (a family member, friend or formal Advocate) to speak on your behalf to Social Justice, Equity and Inclusion staff.

USQ Student Number:

Full Name:

Hereby gives permission for:

Full Name:

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

Contact number of advocate:

Email of advocate:

to communicate with Social Justice, Equity and Inclusion 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 the Student Equity Coordinator in writing.

(Student Signature)

(Signature of Witness)

(Advocate Signature)

(Name of Witness)

Date:

Please email a copy of this completed form to [disabilitysupport@usq.edu.au](mailto:disabilitysupport@usq.edu.au) and retain the original for your records.

USQ is collecting the personal information on this form for the purpose of providing the services and assistance that you have requested. For a full understanding of our privacy information and management of your personal information, please access our [Privacy Statement](#) located at Reception or at [www.usq.edu.au/student-support](http://www.usq.edu.au/student-support).