

CONSENT TO RELEASE PERSONAL INFORMATION TO THIRD PARTY

Student Details

Name	
Surname	
Date Of Birth	
Student Number	

Requestor Details

Name	
Surname	
Relation To Student	
Other	
Specify	

Purpose of the request: _____

Declaration by student:

I, _____, hereby authorise the Requestor,
_____, to take steps to verify the information and documentation.

I acknowledge and agree that this process involves the Requestor to use my personal and sensitive information for the purpose for which it was requested. I hereby give consent to the Requestor to collect my personal and sensitive information from the Nelson Mandela University, Student Records.

I also acknowledge and agree that the Requestor will use the information to perform my background check.

I hereby indemnify Nelson Mandela University against any liability in issuing my personal and sensitive information.

Student

Signature

Date