

FR 4.11 Third Party Authorisation	
Student Name: _____	
Student Number: _____	Email: _____
Course Name: _____	Course Enrolment Date: _____

I authorise: *(third party name)* _____

of: *(address)* _____

Phone: _____ Email: _____

to act on my behalf and enquire on matters associated the options selected below with Open Colleges or their duly authorised agents. *(Tick applicable options):*

- Payment of course fees and invoicing only *(may make a payment or request an invoice)*
- Account balance *(permission for OC to discuss account status including arrears)*
- Update payment details *(amend/remove credit card & bank details; **must be received in writing**)*
- General course administration enquiries *(not covered in other options)*
- Enrolment status *(confirm enrolled, pending, deferred, cancelled, transferred)*
- Study progression *(confirm student study progress, study load completed)*
- View/Update personal details *(address, contact numbers)*
- Request documentation *(transcripts, confirmation of enrolment, forms)*
- Parent/Guardian *(If an underage student. Parent/Guardian will have access to **all** details)*

The nominated third party is my:

- Parent or Guardian *(If an underage student. Please note that Parent/Guardian will have access to **all** details)*
- Friend
- Employer or Employment Service Provider
- Other _____

Declaration

I understand that the third party authorisation remains valid until I request in writing to Open Colleges to cancel the authority or until ____/____/____ (insert authorisation expiry date)

Student' signature _____ Date _____

Privacy

Open Colleges complies with the requirements of the Privacy Act 1988.
 For further information refer to our Privacy Policy.