

# CONSENT TO RELEASE PERSONAL OR HEALTH INFORMATION TO THIRD PARTIES (STUDENTS)



*This form is to be used where the University receives a request to release records or information about any student of Western Sydney University or The College. It is to be used in conjunction with the University's Personal and Health Information Guidelines and Privacy Management Plan, as well as the Privacy and Personal Information Protection Act 1998, and the Health Records and Information Privacy Act 2002 and Western Sydney University policies at all times.*

## **IMPORTANT NOTE TO STUDENT**

*Please read this form carefully to check the information you give us your consent to release. You can choose to release a limited amount of information as indicated below, or release all information held by the University about you as a student.*

### **Your student details**

Family name				
Given name				
Student ID				
Contact address	No and street address			
	City/suburb		Postcode	
Telephone	Home or business		Mobile	
Date of birth				

Insert here name and address of person or organisation to whom the University is authorised to release records or information containing your personal or health information

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*NB The University/The College reserves the right to require the authorised person or organisation to present proof of identity or credentials (including photo identification) before releasing any records*

I authorise Western Sydney University/The College to release the following records or information about me to the person or organisation listed above [*check below which information you agree can be released*]:

### **Information Details**

#### **Limited information**

##### *Academic information*

- All personal information, including name, age, race, gender, address and other contact details
- Academic transcript only
- Statement of graduation only
- All academic and other records related to my enrolment as a student (including information about admission, enrolment, enrolment status, academic progress, graduation; copy of academic transcript; copy of graduation statement)

## Information Details

### Limited information

#### Academic information

- Records relating to any complaint made by me (including academic appeals or any disclosure under the *Public Interest Disclosures Act 1994*) or disciplinary action taken against me
- Other [please specify below]

#### Financial information

- All financial information (including fees, charges, fines, payment, financial assistance, student accommodation fees)
- Other [please specify below]

#### Health information

- All medical or other health records (including medical certificates, counseling records, academic integration plans)
- Other [please specify below]

### All information

- All records and information held by the University concerning my enrolment as a student (including all of the above)

## Time Period

Please specify period of time to which the information relates

- Between these dates [dd/mm/yyyy] and [dd/mm/yyyy]
- All times during my enrolment at Western Sydney University

Signature \_\_\_\_\_

Date \_\_\_\_\_