

CONSENT TO DISCLOSE INFORMATION & STUDENT FILE ACCESS AUTHORISATION

STUDENT DETAILS

Student No: _____ **Given name:** _____ **Family name:** _____

Email: _____ **Phone:** _____

Course: Bachelor of Design Master of Design **Campus:** Melbourne Sydney

STUDENT AUTHORISATION

Whitehouse Institute protects the Privacy of its students and will only release information and records as required by entities with due authority. Any information disclosed under this authority will be under the guidelines of the Commonwealth Privacy Act 1988 and the Whitehouse Institute’s Privacy Policy. You may request to review the information that is on your Student File or authorise another person to have access by completing the following form.

I authorize disclosure of information on my student file, participation and academic performance to another person:

I, _____ hereby give permission to the Whitehouse Institute of Design, Australia to release details and/or discuss details of my participation and/or academic performance to my parent/guardian or person(s) listed below:

Name: _____ **Relationship:** _____ **Signature:** _____

Name: _____ **Relationship:** _____ **Signature:** _____

Student Signature: _____ **Date:** _____

AND / OR

I request access to my Student File:

I, _____ hereby request access to personal information held on my student file for the purpose of:

Student Signature: _____ **Date:** _____

Students will be required to comply with the Whitehouse Code of Conduct and all relevant policies and procedures. This procedure is governed by the:

- A001 – Selection and Admissions Policy
- A009 - Student Progression and Exclusion Policy
- G000 - Code of Conduct - Students

Whitehouse use only:	Date Received:
Discuss with:	Authorized: