

CONSENT TO DISCLOSE INFORMATION & STUDENT FILE ACCESS AUTHORISATION

Student Details	
Given Name(s):	Family Name:
Student No:	Session Group (if applicable):
☐ Bachelor of Design ☐ Master of Design ☐ Certif	icate III in Design Fundamentals
Campus: Sydney Melbo	ourne Brisbane
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:	
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:	Dated:
AND / OR	
☐ I request access to my Student File:	
hereby request access to personal information held on my student file for the purpose of:	
Student Signature:	Dated:
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: