

# Third Party Authorisation Request

This form authorises a third party to act on your behalf to engage with the University of Canberra Student Centre staff for the designated purposes below. This form does not qualify as a power of attorney and does not grant the third party full access to act on your behalf in other matters or communication as per [the University's Privacy Policy](#).

Submit this form and all supporting documentation to [student.centre@canberra.edu.au](mailto:student.centre@canberra.edu.au)

## Student information

Student ID

Date of birth

Given name/s

Family name

*I authorise the third party listed below to collect the following on my behalf with proof of valid identification:*

Academic transcript

Testamur

Completion letter

Proof of enrolment letter

Statement of account

Student ID card

Student signature

Date

## Third party information

Given name/s