

Third Party Consent Form

Falmouth University’s relationship is with you, the student, irrespective of who pays your fees. Under Data Protection legislation, the University cannot disclose information to, or accept appeals/complaints from, a third party without your prior written permission.

Complete this form if you wish to give consent for the University to disclose your details to a named third party. Additionally, you can give permission for a third party to act on your behalf if required, where there is a valid reason.

You must complete all the sections marked with an asterisk (**\***).

# Student Details:

| Full name: \* |  |
| --- | --- |
| Student number: \* |  |
| Address: \* |  |
| Telephone: \* |  |
| Email: \* |  |
| Date of birth: \* |  |
| Nature of business: \**Please select*  | Appeal [ ] Complaint [ ] Other – please specify [ ]  |
|  |  |

# Third party details:

| Full name: \* |  |
| --- | --- |
| Address: \* |  |
| Telephone: \* |  |
| Email: \* |  |
| Relationship to you: \* |  |

# Declaration:

**Tick to confirm**: **\***

|[ ]  By signing this document I give consent for the University to disclose to the named third party any personal data about me held by the University which may be necessary in dealing with my appeal/complaint/other matter. |
| --- |

| **Your signature: \*** | **Date:** \* |
| --- | --- |

(If you are unable to submit an electronic image of your signature, please type your name. QAE will consider the receipt of this form electronically direct from your University email address as being equivalent to a signature.)

**Third Party to Act on my behalf:**

**Please note:** Approval for a third party to act on a student’s behalf can only be granted where there is a valid reason, for example, a reasonable adjustment for a diagnosed disability.

**Additional consent – tick if applicable**:

|[ ]  I give consent for the named third party to act on my behalf in dealing with the University in relation to the nature of business. I understand that the University will only deal with the individual authorised to act on my behalf. |
| --- |

| **Reason for needing a third party to act on your behalf:** |  |
| --- | --- |

| **Your signature: \*** | **Date:** \* |
| --- | --- |

# Submission:

Please return this form to QAE@falmouth.ac.uk