

UNIVERSITY OF TECHNOLOGY SYDNEY UTS College Limited University of Technology Sydney UTS College CB10.13 PO Box 123 Broadway NSW 2007Australia Australia Level 13, UTS Building 10 (CB10) 235 Jones St Ultimo NSW 2007 Australia



• F +61 2 9281 5915 utscollege.edu.au

T +61 2 9218 8600

UTS College Limited ABN 39 001 425 065 | CRICOS Provider Code: 00859D / TEQSA Provider Identification No: PRV12022, Provider Category: Institute of Higher Education University of Technology Sydney CRICOS Provider Code: 00099F / TEQSA Provider Identification No: PRV12060, Provider Category: Australian University UTS College Limited is a controlled entity of the University of Technology Sydney (UTS), and as an institute of higher education, UTS College Limited provides pathway courses to UTS.

## **Student Consent to Disclosure of Personal Information**

The UTS College Privacy Officer can be contacted by email at privacy@utscollege.edu.au

This form is to be read in conjunction with the UTS College Privacy Policy.

**WHEN TO USE THIS FORM:** The UTS College <u>Privacy Policy</u> lists common situations in which UTS College may disclose personal information to third parties. Students can use this form to provide express consent to UTS College to disclose the student's personal information (including sensitive or health information) to a third party, where such a disclosure is not within the scope of the UTS College <u>Privacy Policy</u>.

**THIRD PARTY PROOF OF IDENTITY:** UTS College will disclose the student's personal information to the third party using the third party's contact details below. If the third party wishes to visit UTS College's campus to collect the student's personal information, they should bring a copy of this form and photographic proof of their identity.

**HOW TO LODGE THIS FORM:** Give one copy of this completed form to the third party and one copy of completed form to the area of UTS College you are liaising with (by email, post or in person).

## **Student's Details** Student's full name Student number **Contact details** Postal address: Phone: Email address: Third Party's Details Third party's full name **Contact details** Postal address: Phone: Email address: **Student's Express Consent** □ I authorise UTS College to disclose any of my personal information to the third party, **OR** □ I authorise UTS College to disclose the following personal information to the third party (delete as applicable): My contact details / My academic progress / My attendance/ My visa details / My fees paid or owing to UTS College/ Other (please specify)\_ This consent will remain in force until it is withdrawn by the student (by contacting the UTS College Privacy Officer)

Student's signature and date

Third party's signature and date