



Third Party Authorisation

Received Student Business Centre

IMPORTANT INFORMATION

Complete and return this form via email (from your student email) to sbc@bond.edu.au or in person at the [Student Business Centre](#).

Use this form to:

- Authorise release of personal information to a third party (eg parent/guardian, relative, insurance, financial and legal organisations on request)*
- Enable someone to collect student information on your behalf when requested

Bond University is subject to the Information Privacy Act 2009 and is committed to protecting the privacy of personal information. Information collected on this form will be used to process your request for third party authorisation to access information relating to your studies. The information will not be disclosed further, unless required by law. For further details see our [Privacy page](#).

*For Power of Attorney you must provide a certified copy of Power of Attorney document.

STUDENT DETAILS

Student Number	Family Name	Given Names										
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Date of Birth	Email address (if not current student)	Contact Phone number										

DETAILS OF THIRD PARTY

Relationship to student	Family Name	Given Names
Telephone Number	Email address	Organisation (if applicable)
	Date of Birth	

INFORMATION TO BE RELEASED

- Student Account and Financial Information, including provision of statements of account
- Application, enrolment and academic information

By signing this form, I authorise the above as indicated.

Student's signature

Date/...../.....

Bond Office Use Only	<input type="checkbox"/> ID of student verified	<input type="checkbox"/> Emailed student/...../.....
	<input type="checkbox"/> TPA received via student email	<input type="checkbox"/> S1 Comment Code "THRD PARTY" added <input type="checkbox"/> Added 3 rd party email in Contact Details, email details, email type: Invoices and billing
	TPA processed by	