

Privacy Act Consent Form



Return to: Reception at any Campus or **Mail to:** ARAU, Private Bag 39814, Lower Hutt 5045

0800 935 832

www.weltec.ac.nz

AUTHORISATION DETAILS

WelTec Student ID

I,

(Full legal name)

of

(Current address)

authorise WelTec to discuss my:

- enrolment details
 attendance details
 all matters relating to:

with

(Name of Parent/Legal Guardian/Advocate)

for the purpose of

(Specify purpose information will be used for)

AUTHORISATION CONSENT

This authorisation is made in accordance with the Privacy Act 1993

This authorisation is valid until:

Signed

Date