

Privacy Act Consent Form

Use this form to if you want another person to speak to us on your behalf

Return to:

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

 0800 935 832

 www.weltec.ac.nz

1 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)

2 AUTHORISATION CONSENT

This authorisation is made in accordance with the Privacy Act 1993

This authorisation is valid until:

Signed

Date