



**Student and Academic Services**  
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# Consent to the Disclosure of Personal Information<sup>1</sup>

(as required by the Privacy Act 1988 (C'ith))

### Student Details

Family Name:	<input type="text"/>	University ID:	<input type="text"/>												
Given Names:	<input type="text"/>	Date of Birth:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	D	D	M	M	Y	Y						
D	D	M	M	Y	Y										
Address:	<input type="text"/>		Phone:												
	<input type="text"/>		day ( )												
	<input type="text"/>		evening ( )												
	<input type="text"/>		mobile												
	State <input type="text"/>	Post/Zip code <input type="text"/>													
	Country if Outside Australia <input type="text"/>														
E-mail:	<input type="text"/>	Fax:	( )												

I hereby consent to the following records and/or personal details/information: (tick relevant boxes)

- Name and Address
- University ID and Enrolment Status
- University Results or other Progress Reports
- Financial Information (including details of fees and fines owing and paid)
- Other (please specify) \_\_\_\_\_

being disclosed by The Australian National University to: (tick relevant box/es)

- a) the authorised person/s of the \_\_\_\_\_ Government or Agency with authority to obtain such details, and/or
- b) the following person/s: (complete as many as required)

1. name and Address of Person/s	<input type="text"/>
2. Name and Address of Person/s	<input type="text"/>
3. Name and Address of Person/s	<input type="text"/>

Student's Signature:	<input type="text"/>	Date:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y												
Witness's Signature:	<input type="text"/>	Date:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y												
Witness's Name (print):	<input type="text"/>																		

<sup>1</sup> Does not include Personal Information that is required to be disclosed under Australian law by The Australian National University. "Personal Information" means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about a natural person whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

Please return completed form to:

<input checked="" type="checkbox"/> <b>By Post:</b> Student and Academic Services The Australian National University Pauline Griffin Building (011) Canberra ACT 0200	<input type="checkbox"/> <b>In Person:</b> Student Administration Pauline Griffin Building (011), Ellery Crescent, ACTON
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