Reference Number:

Third Party Consent Form

| Consent for a third party to act on a student's behalf in connection with the following procedures: | | | | |
|--|---|--|--|--|
| Academic Appeals | Disciplinary Procedure | | | |
| Student Complaints Procedure Academic Misconduct Procedure | Fitness to Practise Procedure | | | |
| Section A: Details of the student authorising a third party to act on their behalf | | | | |
| Name: | | | | |
| Location: | | | | |
| Programme: | | | | |
| Student No.: | | | | |
| Tel. No.: | | | | |
| Email: | | | | |
| Section B: Details of the person authorised to act on behalf of the student | | | | |
| Name: | | | | |
| Role/Relationship to the student: | | | | |
| Address: | | | | |
| Tel. No.: | | | | |
| Email: | | | | |
| Section C: Special Instructions/conditions | | | | |
| | | | | |
| Section D: Declaration by the Student | | | | |
| I confirm that I am the person detailed above in Section A. I confirm that the authorised person in Section B above is happy to ac I confirm that I will pass all relevant information relating to the proced I confirm that the authorised person has not been suspended or excluand is not in debt to the College. I understand that I can withdraw this consent by notifying The Complations. | dure(s) to the authorised person. Ided from the College for any reason | | | |
| Signed: | Date: | | | |



| Document control box | | | | |
|-----------------------------|--|--------------------------|---------------|--|
| Title | Third Party Consent Form (Completed by Student) | | | |
| Date approved | February 2020 | Implementation date | February 2020 | |
| Next review date | Jan 2022 | | | |
| Version | Feb 2020 | Supersedes version | N/A | |
| Approving body | | Governors | | |
| Quality Code co | | | | |
| Member of staff responsible | | COO (Complaints Officer) | | |