UTS College | UNIVERSITY OF TECHNOLOGY SYDNEY

UTS College Limited
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UTS College Limited ABN 39 001 425 065 | CRICOS Provider Code: 00859D / TEQSA Provider Identification No: PRV12022, Provider Category: Institute of Higher Education
University of Technology Sydney CRICOS Provider Code: 00099F / TEQSA Provider Identification No: PRV12060, Provider Category: Australian University
UTS College Limited is a controlled entity of the University of Technology Sydney (UTS), and as an institute of higher education, UTS College Limited provides pathway courses to UTS.

Student Consent to Disclosure of Personal Information

The UTS College Privacy Officer can be contacted by email at privacy@utscollege.edu.au

This form is to be read in conjunction with our Privacy Policy, available at https://utscollege.edu.au/privacy

WHEN TO USE THIS FORM: The UTS College Privacy Policy lists common situations in which UTS College may disclose personal information to third parties. Students may use this form to provide express consent to UTS College to disclose the student's personal information (including sensitive or health information) to a third party, where such a disclosure is not within the scope of the UTS College Privacy Policy.

THIRD PARTY PROOF OF IDENTITY: UTS College will disclose the student's personal information to the third party using the third party's contact details below. If the third party wishes to visit UTS College's campus to collect the student's personal information, they should bring a copy of this form and photographic proof of their identity.

THIRD PARTY CONDUCT: If the third party communicates directly with UTS College or wishes to visit UTS College's premises, that third party must treat UTS College staff with courtesy and respect. If a third party fails to treat UTS College staff with courtesy and respect, UTS College may refuse to provide the third party with the student's personal information and require the third party to end the conversation or vacate the premises.

EXECUTION AND SIGNATURES: This form may be executed electronically (via Adobe Sign or a comparable secure electronic signature platform that provides a digital audit trail) or in wet ink. UTS College will accept and rely on an electronic signature executed through these approved methods. To protect student privacy, UTS College will take necessary steps to verify the identity of the student and the authorised third party before disclosing any personal, academic, financial, or health information.

HOW TO LODGE THIS FORM: Give one copy of this completed form to the third party and one copy of the completed form to the area of UTS College you are liaising with (by email, post or in person).

Student's Details	
Student's full name	
Student number	
Contact details	Postal address:
	Phone:
	Email address:
Third Party's Details	
Third party's full name	
Contact details	Postal address:
	Phone:
	Email address:
Acknowledgment	By signing below, the Third Party confirms their contact details are accurate and agrees to comply with the Third Party Conduct terms outlined in this form. **Third Party's Signature:** _____ **Date:** _____

Purpose of disclosure

Personal information to be disclosed

Select the information UTS College is authorised to disclose:

☐ Contact details

☐ Academic progress

☐ Attendance

☐ Visa information

☐ Fees paid or owing

☐ Health information (please specify): _____

☐ Sensitive information (please specify): _____

☐ Other (please specify): _____

Consent duration

This consent applies:

☐ For a single disclosure

☐ Until (date): _____

If no duration option is selected, this consent will automatically expire 12 months from the date of the student's signature.

Student acknowledgement

I confirm the following:

- I understand what personal information will be disclosed
- I understand the purpose of the disclosure
- I understand that providing this consent is voluntary
- I understand I may withdraw my consent at any time by contacting the UTS College Privacy Officer at privacy@utscollege.edu.au. I understand that any withdrawal of consent will operate from the date of receipt of my request and cannot affect disclosures that have already been made.
- I understand that UTS College may take reasonable steps to verify my identity or the identity of the third party before disclosing my information
- By signing below, I authorise UTS College to disclose the personal information selected in this form to the nominated third party.

Student's Signature: _____ **Date:** _____