NELSON MANDELA
UNIVERSITY

Student Records and Registration
Academic Administration

CONSENT TO RELEASE PERSONAL INFORMATION TO THIRD PARTY

STUDENT DETAILS

Student Number	
Surname	
Name	
Date Of Birth	

REQUESTOR DETAILS

Relation To Student	
Surname	
Name	
Other	
Specify	

Purpose of the request: _____

Declaration by student:

I, _____, hereby authorise the Requestor, _____, to take steps to verify the information and documentation.

I acknowledge and agree that this process involves the Requestor to use my personal and sensitive information for the purpose for which it was requested. I hereby give consent to the Requestor to collect my personal and sensitive information from the Nelson Mandela University, Student Records and Registration.

I also acknowledge and agree that the Requestor will use the information to perform my background check.

I hereby indemnify Nelson Mandela University against any liability in issuing my personal and sensitive information.

_____	_____	_____
Student (print name and surname)	Signature	Date