

Third Party Authorisation Request Form

Personal details

First name or Given name (s):	Surname or Family name:
<input type="text"/>	<input type="text"/>
Phone:	Student Identification Number: *
<input type="text"/>	<input type="text"/>
Email:	
<input type="text"/>	

* You can find this information on your Student Agreement or Confirmation of Enrolment document

Third Party details

First name or Given name (s):	Surname or Family name:
<input type="text"/>	<input type="text"/>
Phone:	Relationship to student:
<input type="text"/>	<input type="text"/>
Email:	
<input type="text"/>	
Address:	
<input type="text"/>	

Authorisation details

I authorise the above-named person to act on my behalf and enquire on specific matters selected below, with SOE or their duly authorised agents.

Please select option(s) below:

- Course fees and invoicing | *Make a payment, request an invoice*
- Account balance | *Discuss account status including arrears*
- Enrolment status | *Pending, Enrolled, Deferred, Cancelled*
- Study progression | *Study load completed, academic progress*
- View/Update personal details | *Address, phone, email*
- Request documentation | *Transcripts, Confirmation of enrolment, forms*
- Parent/Guardian | *If underage, Parent/Guardian will have full access*
- Full access | *All of the above*

Declaration

I understand that the third party authorisation remains valid until I request in writing to SOE to cancel the authority.

Signature: Date: