

Ara
PO Box 540
Christchurch 8140
Phone: 0800 24 24 76



3rd Party Authorisation

Authority to seek, receive, and disclose specified personal information.

Student Name:

Ara ID Number:

End date:

Third party authorisation will end after 2 years regardless, however putting an end date can make it end prior to that 2 years.

I, _____, a current or previously enrolled student at Ara, authorise Ara to research, collate, and comment on information about my enrolment, attendance, academic progress, and student attitude, and to disclose this information to the following person(s) on my behalf:

Name(s) authority given to:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

This authority is given in terms of the Information Privacy Principles set out in the Privacy Act 1993.

I note that, with the exception of information covered by s29 of the Act, I am entitled to have access to any records/personal information held about me by the Institute and to request correction of any information contained in those reports if it is not accurate, up-to- date or complete, or is misleading. Those rights are set out in IPP 6 and 7 of the Act.

Signed: _____ Date: _____

Please note: you do not need to agree to this disclosure but, if you decline to authorise Ara to disclose and discuss the information set out above, the named person(s) will be advised that this permission was sought and refused.