

This form is to be completed by students wishing to grant third party access to their College records. Please fill in all details on this form, sign and return to Student Services. Please ensure that your personal and address details on the College database are correct.

The College Student Privacy Policy and Procedure can be accessed at www.think.edu.au/policiesandforms.

PERSONAL DETAILS			
Family Name		Other Names	
Student number		Think: College	
THIRD PARTY DETAILS (Person or organisation nominated to gain access to your records)			
Full Name			
Date of Birth (day and month only)			
Email Address			
Phone Number			
Address Line 1			
Address Line 2			
City		State	
Postal Code		Country	
RELATIONSHIP			
Relationship (i.e. parent, employer)			
Email			
ACCESS LEVELS			
<input type="checkbox"/>	Full Access (ignore next line)		
<input type="checkbox"/>	Partial Access (tick all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Full Access (leave other boxes blank) <input type="checkbox"/> Personal Details <input type="checkbox"/> Attendance Records <input type="checkbox"/> Enrolment Records <input type="checkbox"/> Financial Account <input type="checkbox"/> Results of Assessment <input type="checkbox"/> Award Documentation <input type="checkbox"/> Other (please specify) 		
DECLARATION			
I declare that the information I have given on this form is true and correct. I understand that the nominated third party on this form will be recorded on the Student Administration System (Hermes) and will be able to supply the details provided on this form to access the appropriate account information if required. The third party nominated will only have access until I request for the access to be removed.			
Signature		Date	
LOGGING FORM			
Submit your completed form to Think: Student Services.			