

# Third Party Authorisation Form



Do not use this form if you are requesting the redirection of a document/s that the College has already issued to you. Instead, please complete a Request for Document form.

## Student to Complete

Student ID:

Day-time phone contact:

Email:

I, (full name) \_\_\_\_\_,  
born (d.o.b. as DD MMM YYYY), \_\_\_\_\_, of (current address, street, suburb & State) \_\_\_\_\_

hereby authorise The Australian College of Physical Education to

**Accept the documentation indicated below if it is submitted by the person/s named below.**

(Indicate the documents that may be submitted by ticking one or more of the box/es below or providing other details, as applicable)

- Course Application Form
- Semester Enrolment Form
- Administrative forms relating to short term leave, examination requests, professional experience, etc
- Course deferral and/or withdrawal forms
- Other (please specify): \_\_\_\_\_

This request is to remain active until:  
End of Month (MMM) \_\_\_\_\_ Year (YYYY) 20 \_\_\_\_

**Provide a copy of my personal documentation indicated below at the time of its initial release to the person/s named below.**

(Indicate the documents that may be released by ticking one or more of the box/es below or providing other details, as applicable)

- Course Application assessment result
- Semester Results
- Full Academic Transcript
- Semester Enrolment Summary
- Semester Commonwealth Assistance Notice
- Financial Billing Information

Other (please specify): \_\_\_\_\_

This request is to remain active until:  
End of Month (MMM) \_\_\_\_\_ Year (YYYY) 20 \_\_\_\_

### PERSON ONE

First name and surname: \_\_\_\_\_

Position and organisation: \_\_\_\_\_

Full mailing address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

### PERSON TWO

First name and surname: \_\_\_\_\_

Position and organisation: \_\_\_\_\_

Full mailing address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

I understand that my personal contact details may be contained in the documentation that I am requesting be submitted or released. I also understand that this request will remain active in perpetuity, unless stated otherwise above.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRIVACY STATEMENT: The information you provide on this form is bound by the ACPE "Privacy of Personal Information Relating to Students" Policy. This information is collected and held by the ACPE for administrative purposes and activities associated with your enrolment. The ACPE will not disclose your personal information without your consent and without due cause, except as required by law, Government regulations or for the normal operational activities of the College.

Office use only:  
Entered: \_\_\_\_\_

ACPE 1 Figtree Drive, Sydney Olympic Park NSW 2127 Postal Address: Locked Bag 2000, Concord West NSW 2138  
Telephone: +61 2 9739 3333 Facsimile: +61 2 9764 4144 Email: [student\\_services@acpe.edu.au](mailto:student_services@acpe.edu.au) Web: [www.acpe.edu.au](http://www.acpe.edu.au)