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| **CONSENT FORM:** **DISCLOSURE OF INFORMATION** **TO BE SIGNED AND COMPLETED BY THE STUDENT / GRADUATE**By signing the form, you are providing the University of South Wales with your consent to share specified personal information with your employer/a third party.  |
| **APPLICANT INFORMATION** |
| **Full Name of Student / Graduate** |  |
| **Name while registered at the University (if different to above)** |  |
| **Student ID Number** |  |
| **Date of Birth** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **I agree, that information relating to my academic achievement, held by the University may be disclosed** |  |
| **Signature of Student / Graduate** |  |
| **Date** |  |