

Privacy Act Consent Form



Use this form to if you want another person to speak to us on your behalf

Return to:

Reception at any Campus, or **mail to:** ARAU, Private Bag 39814, Lower Hutt 5045

enrolments@weltec.ac.nz

0800 935 832

www.weltec.ac.nz

1 AUTHORISATION DETAILS

WelTec Student ID

Full legal name

Email Address

Phone Number

- I authorise WelTec to discuss my:
- enrolment details
 - attendance details
 - all matters relating to:

Name of Parent/Legal Guardian/Advocate

Specify purpose information will be used for

2 AUTHORISATION CONSENT

This authorisation is made in accordance with the Privacy Act 1993

This authorisation is valid until:

Signed

Date