

THIS FORM IS FOR DOMESTIC STUDENTS AND RETURNING INTERNATIONAL STUDENTS WHO ARE ALREADY STUDYING WITH MASSEY UNIVERSITY

Please complete this form if you would like to give a third party full access to your Massey University file. Authorising a third party will allow them to change any details we hold for you, request any information from your file and speak directly to the university on your behalf.

Student's details

MASSEY STUDENT ID NUMBER (IF KNOWN)

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NAME

Surname: _____

First name(s): _____

DATE OF BIRTH

--	--	--	--	--	--	--	--	--	--

ADDRESS

Address: _____

Suburb: _____

Town/city: _____

Postcode: _____ Country: _____

E-mail: _____

Phone: _____

Agent's details

NAME

Surname: _____

First name(s): _____

DATE OF BIRTH

--	--	--	--	--	--	--	--	--	--

ADDRESS

Address: _____

Suburb: _____

Town/city: _____

Postcode: _____ Country: _____

Phone (day): _____

Email: _____

Declaration

I authorise my Agent to have access to my Massey University file, to change any details, request any information and speak on my behalf. I authorise my Agent to receive access to such information either in person, through the phone, or through electronic or other means:

from:

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to:

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or have access from:

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until I notify otherwise.

Signed (by student – verified copy of signature)

Date:

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Please send completed form to:

**Academic Support
Massey University
Private Bag 11222
Palmerston North 4442
NEW ZEALAND**