

PRIVACY AUTHORISATION: ĀKONGA (STUDENT) INFORMATION

Ākonga name:

Student ID or Application Number:

I confirm that I have applied to enroll/have enrolled as a student at Te Pūkenga – New Zealand Institute of Skills and Technology, trading as Manukau Institute of Technology (MIT) and I am giving authorisation to the individual/person and/or organisation below:

SECTION 1. AUTHORISATION TYPE

Would you like to give authorisation to an individual, organisation, or both? (tick at least one)

- ☐ Individual/Person (parent, support worker, etc.) ☐ Organisation (employer, scholarship provider, etc.)
- Continue to section 2a Continue to section 2b

SECTION 2A. AUTHORISED PERSON DETAILS

Please tell us the complete details of the person you would like to give authorisation to:

First name:	Last name:
Relationship to you:	
Contact Number:	Email address:

SECTION 2B. AUTHORISED PERSON DETAILS

Please tell us the complete details of the organisation you would like to give authorisation to:

Name of organisation:	
Relationship to you:	
Contact Person (if any):	Email address (if any):

SECTION 3. AUTHORISATION SCOPE

Please tell us what information or actions you authorise them to access and/or do (tick at least one):

- ☐ Access to all pertinent information related to my application to study
(including but not limited to progress of my application, document requirements, etc.)
- ☐ Access of all pertinent information related to my enrolment
(including but not limited to confirmation of my enrolment/admission and details of course fee structures, etc.)
- ☐ Make changes to my student account
(including but not limited to contact information, address, etc.)
- ☐ Collect my personal documents (except student ID card) provided a valid government-issued ID is presented
(including but not limited to certificates, degrees, academic transcripts, etc.)
- ☐ Other (describe): _____

Continue to the next page

SECTION 4. PERIOD OF AUTHORISATION

Please tell us how long you would like the authorised person to have access and/or make changes to your information from the date this form is submitted to us. (tick at least one):

- ☐ This authorisation is valid until the date below or earlier if I request to revoke it in writing

DD	MM	YYYY
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- ☐ This authorisation is valid indefinitely until I request to revoke it in writing

SECTION 5. ĀKONGA SIGNATURE

Please sign and date below.

Ākonga signature:	Date:
<input type="checkbox"/> Electronic signature	

* For ākonga under 16 years of age OR has an attorney appointed, the parent/guardian/attorney (as applicable) may sign on their behalf. I represent that I am the parent/legal guardian/attorney of the student, and I acknowledge, agree and consent to the authorisation set out above.

Representative name and signature:	Date:
<input type="checkbox"/> Electronic signature	

WHEN YOU'VE COMPLETED THIS FORM

Please return it to us at one of our Ask Me! Student Services Centre, send it online, or you can post it for free

SUBMIT **ONLINE** via
Enquiry Form: www.manukau.ac.nz/enquiry-form; or
LiveChat: <https://direct.lc.chat/12652395>

FREEPOST 73362, C/- Ask Me! Student Services Centre,
Manukau Institute of Technology, Private Bag 94006,
Manukau 2241, Auckland, New Zealand

Have a question?

Please feel free to get in touch with us.

- Call 0800 62 62 52 (+64 9 968 8000 if outside New Zealand);
- Message us at manukau.ac.nz/contact/send-us-a-message;
- Chat with us via <https://direct.lc.chat/12652395>; or
- Come in and see us at one of our Ask Me! Student Services Centres:
 - Gate 12, 53 Otara Road (NA Block), Otara
 - Corner of Manukau Station Road and Davies Avenue (Ground Floor), Manukau