

PRIVACY AUTHORISATION: STUDENT INFORMATION

Student/Applicant name:

Student ID or Application Number:

I confirm that I have applied to enrol/have enrolled as a student at Manukau Institute of Technology and Unitec (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.)
Continue to section 2a
- Organisation (employer, scholarship provider, etc.)
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 ORGANISATION 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): _____

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 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. STUDENT/APPLICANT SIGNATURE

Please sign and date below below.

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

* For students 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
WebChat: www.manukau.ac.nz/askme

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.



Chat with us via www.manukau.ac.nz/askme



Send us message via manukau.ac.nz/contact/send-us-a-message



Call us at 0800 62 62 52 (+64 9 968 8000 if outside New Zealand);



Visit us here:

- Ask Me! Student Services Otara: Gate 12, 53 Otara Road (NA Block), Otara, 7am-5pm Monday to Friday (except public holidays)
- Ask Me! Student Services Manukau: Corner of Manukau Station Road and Davies Avenue (Ground Floor), Manukau (The Atrium), 7am-8pm Monday to Friday, and 8.30am-4.30pm Saturday (except public holidays)