# 2024 Student **Authorisation Form**

### Student Living On Campus Accommodation Information Release

The University of Newcastle is subject to the Privacy and Personal Information Protection Act (NSW) 1998 and the Health Records and Information Privacy Act (NSW) 2002. The University of Newcastle will not disclose your personal information without your consent unless the University is under a legal obligation to do so. By signing this application it is understood that you have read this statement and agree to the use and disclosure of your personal information as detailed in this form. Full details of the University Privacy Management Plan can be found at the following link: newcastle.edu.au/service/privacy

Full Name:

Date of Birth:

#### Student Number:

## AUTHORISATION

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, hereby authorise and give permission to Student Living at the University of Newcastle to provide information and discuss to the nominated person(s)/organisation regarding the following:

Information collected during the application process

Information about my Student Living account

Information about my booking history and details of all contracts held on campus including contract length, room location, room type and rate paid per week

Information about my personal details limited to my date of birth, student number and phone numbers

to the following nominated person(s)/organisation:

#### NOMINATED PERSON(S)/ORGANISATION DETAILS

I have gained consent for the nominated person(s)/organisation below to provide their contact details.

Person(s)/organisation:

Address:

State: Postcode: City: Relationship: (i.e. parent, spouse, sponsor, agent) Country:

#### Phone number:

Acknowledgement: I acknowledge that the University of Newcastle may contact me to confirm the veracity of this document. This authorisation will be valid for the length of my 2024 contract with Student Living and will be added to my Student Living record for the information of the Student Living staff. I will contact Student Living at the University of Newcastle if I wish to withdraw this authority before its expiry. I understand I will need to resubmit this form for future contracts.

Resident Signature:			Date:	
OFFICE U	SE ONLY			
StarRez authorisation fields updated Scan form (front and back) to residents file			Upload to Microsoft Teams	
Processed by:			Date:	
STUDENT LIVING	THE UNIVERSITY OF NEWCASTLE AUSTRALIA	<b>The University of Newcastle</b> 130 University Drive, Callaghan NSW 2308 Australia	Phone: (02) 4913 8888 Email: studentliving@newcastle.edu.au	