

Consent To Share Information

Student Number	
First Name	
Middle Name	
Surname	
Date of Birth	

I give my permission for Colchester Institute to share my information with the following person:

Full Name	
Relationship to you	
Contact Number	
Email Address	

Information to be shared (please tick/specify)

Attendance

Contact Details

Achievement

Course Details

Course Fees

All Records

Other Please Specify _____

Please specify how long you want to give permission for us to share your information:

- Current Academic Year
- Other End Date

Signature: _____ Date: _____

OFFICE USE ONLY

Uploaded to Docs & Coms

Processed by: _____ Date: _____