

CONSENT FORM: DISCLOSURE OF INFORMATION

TO BE SIGNED AND COMPLETED BY THE STUDENT / GRADUATE

By signing the form, you are providing the University of South Wales with your consent to share specified personal information with your employer/a third party.

APPLICANT INFORMATION

Full Name of Student / Graduate	
Name while registered at the University (if different to above)	
Student ID Number	
Date of Birth	
Contact Number	
Email Address	
I agree, that information relating to my academic achievement, held by the University may be disclosed	To Verifdiploma
Signature of Student / Graduate	
Date	