

CONSENT FORM

DISCLOSURE OF PERSONAL INFORMATION TO A THIRD-PARTY ITO SECTION 11(a) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (POPIA)

In order for the University to release any personal information to a third party ito Section 11(a) of the *POPIA*¹, you are required to complete the form below. Please note that the University may contact you to verify the authenticity of the consent provided below. In the absence of a signed and verified form, the University will not give out any of your personal information as requested.

I, _____, the undersigned (Student number): _____ hereby grant permission to the University of KwaZulu-Natal to disclose the Personal Information (as defined by POPIA) selected in PART A to the indicated third party selected in PART B.

PART A: PERSONAL INFORMATION	
<i>Please indicate the Personal Information to be released to the third-party selected in PART B:</i>	
<input type="checkbox"/>	Academic records
<input type="checkbox"/>	Confirmation of Qualification & Medium of Instruction letter
<input type="checkbox"/>	Financial Records
<input type="checkbox"/>	Credit Certificates
<input type="checkbox"/>	NSFAS application / status
<input type="checkbox"/>	Bursary / Scholarship Information
<input type="checkbox"/>	Term decision/exclusion status
<input type="checkbox"/>	Exam results
<input type="checkbox"/>	Offer / Admission / Registration / Readmission status
<input type="checkbox"/>	CAECOM / AEACOM decision
<input type="checkbox"/>	Other (<i>please specify</i>):
PART B: THIRD PARTY DETAILS	
<i>Please indicate the third party that will receive the selected Personal Information (PART A):</i>	
<input type="checkbox"/>	Parent / s
<input type="checkbox"/>	Sponsor
<input type="checkbox"/>	Potential Employer / Current Employer

¹ <https://popia.co.za/section-11-consent-justification-and-objection/>

<input type="checkbox"/>	Institution of Higher Learning (study purposes)
<input type="checkbox"/>	Other (please specify): _____

Please provide the details of the third party indicated in PART B. Please note that UKZN will transmit the indicated information as per the information below. Kindly ensure that the information recorded is accurate, as the University cannot be held liable if your personal information is sent to an incorrect third party as a result of incorrect third-party information being provided.

Name of individuals / organization: _____

Contact number: _____

Email address: _____

Indicate reason for allowing access to personal information as held by UKZN:

I hereby give consent for the third party, indicated above, to have access to the personal information indicated on this form.

I further acknowledge that the University of Kwazulu-Natal reserves the right not to disclose such information while I am indebted to the University.

Date: _____

Signature: _____

FOR OFFICE USE ONLY:

Document received by:	Date:
Consent verified by:	Date:
Information release date:	
Comments:	
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