

Residential Services - Consent for 3rd Party Representation

FULL NAME:	
STUDENT NUMBER:	DATE OF BIRTH:
ADDRESS:	
CONTACT TELEPHONE NO:	

I HEREBY GIVE CONSENT FOR:

FULL NAME OF 3RD PARTY:
RELATION TO YOU:
EMAIL ADDRESS:
CONTACT TELEPHONE NO:

To act on my behalf in relation to all nature of my details including, Finance, Room Allocation and Tenancy Details and authorise Swansea university, Residential Services to disclose to the above-named person/s any personal data about me held by Swansea University, subject to the following restrictions: (Please note any restrictions below)

Restrict Access of the following information:

I also understand that this request can be terminated at any times and I will need to contact Residential Services in writing to cancel this request in the future.

Signed	Date:
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Please return to:

Residential Services, Swansea University, Singleton Park, Swansea, SA2 8PP.

Email: accommodation@swansea.ac.uk