

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	
Other (please specify)	

Specify the date that details can be released until: __ / __ / ____

Signature: _____ Date: __ / __ / ____

OFFICE USE ONLY

Uploaded to Docs & Coms

Processed by: _____ Date: __ / __ / ____