

Third Party Consent Form

Consent for a third party to act on a person's behalf in connection with the following procedures:

- Complaints Procedure
- HE Student Complaints Procedure

Section A: Details of the person authorising a third party to act on their behalf

Name:

Student No. (if applicable):

Address:

Tel. No.:

Email:

Section B: Details of the person authorised to act on behalf of the student

Name:

Role/relationship to the person above:

Address:

Tel. No.:

Email:

Section C: Special Instructions/conditions

Section D: Declaration by the Student

- I confirm that I am the person detailed above in Section A.
- I confirm that the authorised person in Section B above is happy to act in this capacity.
- I confirm that I will pass all relevant information relating to the procedure(s) to the authorised person.
- I understand that I can withdraw this consent at any time by notifying the Quality Team in writing at feedback@nottinghamcollege.ac.uk

Signed:

Date:

Office Use Only	
Date received:	
Complaint Ref. Number:	