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| To: | University Secretary, London Metropolitan University (“the University”) |
| From: |  | (“Student”) |
|  | *(your name)* |  |
| Student ID: |  |  |
|  | *(your student ID number)* |  |
| Third party: |  | **(“Third party ”)**  |
|  | *(the name of the person you are authorising the University to disclose information to)* |
| **Consent to Disclosure of Personal Information to a Third Party**  |

I, the above named Student, hereby consent to the University disclosing information about me held by the University to the above named Third party.

I acknowledge that such information may include (but is not limited to):

* information relating to my studies;
* information relating to my attendance;
* information relating to the marking of my work;
* correspondence with the University’s staff (including my tutors);
* financial information; and
* special category personal data, including data relating to my physical or mental health or condition.

I acknowledge that the University may rely on the consent given until such time as I withdraw my consent in writing.

Signed: ……………………………… *(signature of the student)*

Date: ………………………………

*(You may return this form by email without a signature providing you send it from an email address registered with the University.)*