

## CONSENT FORM: DISCLOSURE OF INFORMATION

### TO BE SIGNED AND COMPLETED BY THE STUDENT / GRADUATE

By signing the form, you are providing the University of South Wales with your consent to share specified personal information with your employer/a third party.

#### APPLICANT INFORMATION

Full Name of Student / Graduate	Knut Olav Roland
Name while registered at the University (if different to above)	
Student ID Number	18027148
Date of Birth	01.04.1992
Contact Number	+47 96 91 44 19
Email Address	kor@kroland.no
I agree, that information relating to my academic achievement, held by the University may be disclosed	x
Signature of Student / Graduate	Knut Olav Roland
Date	10/16/2024