



## Consent Form for Release of Information

I, the undersigned, hereby give my consent that:

**1.0** Information regarding my enrolment, academic records and/or awards may be released to the National Council for Higher Education (NCHE)<sup>1</sup> as per personal details below:

<b>Current Full Name:</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Previous name(s)</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>ID/Passport Number</b>		<b>Date of Birth</b>	

Qualification	Institution	Date of enrolment and award	Registration/Student Number
1.			
2.			
3.			
4.			

I understand that the purpose of the disclosure of the information is to assist the NCHE to process an official request for evaluation, including verification of the authenticity of the above mentioned qualification(s).

**2.0** If I provide any false or misleading information either directly or indirectly to the NCHE as part of the application for verification and/or evaluation of my local and/or foreign qualification(s), the NCHE will not process my application.

\_\_\_\_\_  
**Signature of Qualification Holder**

\_\_\_\_\_  
**Date**

<sup>1</sup> The NCHE is a statutory body established by an Act of Parliament No. 15 of 2011 to regulate higher education in Malawi. Among other functions, the NCHE assesses, evaluates and recognizes qualifications attained from higher education institutions within Malawi and outside Malawi.