

## CONSENT TO DISCLOSE INFORMATION TO A THIRD PARTY



This form is used to give consent for the University of Bristol to provide information to a nominated third party. The information provided on this form will be used to validate the identity of the individual and details of the verification requested. It will be held securely on file for one year, in case of queries. Thereafter the document will be destroyed. The information provided will not be used for any purposes other than the verification requested.

Name ( <i>please print</i> )	
Email	

**For verification purposes, please complete the following information:**

Date of birth ( <i>DD/MM/YYYY</i> )	
Year that studies were completed	
Title of programme studied and award <i>e.g. BSc Geography, PhD English</i>	

### Declaration of consent

I, \_\_\_\_\_, hereby authorise the University of Bristol to disclose information concerning my final degree classification / transcript of marks / other (delete as appropriate) to: (insert name of 3rd party)

I understand that this information will only be released to the authorised third party named above, and my consent is conditional upon the University complying with its duties and obligations under the General Data Protection Regulation and Data Protection Act 2018 (UK).

Signed ( <i>requires signature, not typed name</i> )	
Dated ( <i>DD/MM/YYYY</i> )	

If you have any questions, please contact:

**Marie Hamson**

Education Process Improvement and Records

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