

SEO Reference Number:

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| **Third Party Consent Form** |

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| **Consent for a third party to act on a student’s behalf in connection with the following procedures:**   * **Academic Appeals** * **Student Complaints Procedure** * **Academic Misconduct Procedure** * **Disciplinary Procedure** * **Fitness to Practise Procedure** | | | | |
| **Section A: Details of the student authorising a third party to act on their behalf** | | | | |
| Name: | |  | | |
| School: | |  | | |
| Programme: | |  | | |
| Student No.: | |  | | |
| Tel. No.: | |  | | |
| Email: | |  | | |
| **Section B: Details of the person authorised to act on behalf of the student** | | | | |
| Name: | |  | | |
| Role/relationship to the student: | |  | | |
| Address: | |  | | |
| Tel. No.: | |  | | |
| Email: | |  | | |
| **Section C: Special Instructions/conditions** | | | | |
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| **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 confirm that the authorised person has not been suspended or excluded from the University for any reason and is not in debt to the University. * I understand that I can withdraw this consent by notifying the Standards and Enhancement Office in writing at complaints@bolton.ac.uk | | | | |
| Signed: |  | | Date: |  |