

Student Number

Title Mr Mrs Ms Miss Dr
 Other

Surname

Given Names

Preferred Name

Gender Male Female Indeterminate/
Intersex/Unspecified

Date of Birth (DDMMYYYY)

Postal Address (must be completed by all students)

Number & Street or PO Box

Suburb / Town

State Postcode

Country (if outside Australia)

Home Phone

Work Phone

Mobile Phone

Please indicate to whom you authorise the release of information regarding the course(s) listed below:

Title	Surname	Given Name	Address/Email Address	Phone

Please indicate duration of authorisation:

Course Name	Start date	End date	OR Duration of Course	OR Year only (eg.2015)

Charles Darwin University requires written confirmation of any cancellation or variation to this authorisation to release information.

Please indicate the type of information to be released:

- Grades Course Completion date
 Postal/Home Address Course Status
 Fees and Payments Enrolled units attempts
 Other:

I hereby declare that the information I have entered on this form is accurate and correct.

Student Signature: _____ Date: / /