

**STUDENT CONSENT FORM**

INTERNATIONAL STUDENT  DOMESTIC STUDENT

**STUDENT DETAILS**

Student ID Number:  Course Name:

Family Name:

Given Name:

Date of Birth:  -  -

Phone:  Mobile:

Email:

**STUDENT DECLARATION**

I am currently studying the following course(s) at Baxter Institute:

Course Name:  Course Code:

Course Name:  Course Code:

I hereby authorise the following company/person:

To represent me in all future correspondence with the Institute

To receive private and confidential documents in my student records

To collect my certificate/ transcript / statement of attainment on my behalf

Name of Company:

Address:

Suburb / Town:  State:  Postcode:

Name of Contact:

Phone:  Mobile:

Email:

Student Signature:  Date:

**FOR OFFICE USE ONLY**

Date of Submission:  Administrator Signature:

<sup>1</sup>Updated Student folder & data by:  Date:

<sup>2</sup>Finance Department Update by:  Date:

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