

**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 Code:  Course Name:

Course Code:  Course Name:

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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