

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:

Course Code: Course Name:

Course Code: Course Name:

I hereby authorise the following company/person:

- To represent me in all future correspondence with Baxter 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:

¹Updated Student folder & data by: Date:

²Finance Department Update by: Date:

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