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| **THIRD PARTY CONSENT FORM**  **TO BE COMPLETED BY THE STUDENT BRINGING THE APPEAL**  **TO NOMINATE A THIRD PARTY TO LIAISE WITH THE UNIVERSITY ON THE STUDENT’S BEHALF** | | | | | |
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| **Consent for a third party to act on a student’s behalf in connection with an Academic Appeal** | | | | | |
| To be completed and returned to the University using the student’s University email account or the student’s personal email account known to the University. | | | | | |
| **Section A: Details of the student authorising a third party to act on their behalf** | | | | | |
| Name: | |  | | | |
| UB Number: | |  | | | |
| Degree Title: | |  | | | |
| **Section B: Details of the person authorised to act on behalf of the student** | | | | | |
| Name: | |  | | | |
| Role / relationship to me: | |  | | | |
| Tel. No: | |  | Email: | | |
| **ection C: Declaration by the student** | | | | | |
| * I confirm that I am the person detailed above in Section A. * I confirm that my third-party representative is happy to act in this capacity. * I confirm that I will pass any relevant information relating to the procedure to my representative. * I understand that all further correspondence from the University will be addressed to the third-party representative at the email address provided above. * I can withdraw my consent for the named third party representative to act on my behalf, at any time, by confirming this in writing or by email to [complaintsandappeals@bradford.ac.uk](mailto:complaintsandappeals@bradford.ac.uk). * I confirm that my third-party representative has not been suspended / excluded from the University. * Any disclosures of risk to yourself or others within the University will be shared with the relevant support or wellbeing service(s) if deemed appropriate. | | | | | |
| Signed: |  | | | Date: | Click or tap to enter a date. |