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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.
* 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.
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| Signed: |  | Date: | Click or tap to enter a date. |