

CONSENT TO DISCLOSE INFORMATION TO A THIRD PARTY

Name (please print):	
(known by at University of Brighton)	
Address: _	
_	
_	
Email: _	
l,	hereby authorise the University of Brighton to
disclose information concerning	my final degree classification/ transcript of marks/ other
(please delete as appropriate - only d	ata.described here will be disclosed)
to:	
For verification purposes, ple	ase complete the following information:
. c c p p p p	
Date of birth	
Year that studies were completed	
·	
Title of Programme studied or awa e.g. BSc Geography, MA Creative Writing	rd held
Student number (if known)	
Signed	I understand that this information will only be
Date	released to the authorised third party named above, and my consent is conditional upon the University complying with its duties and obligations under the
	Data Protection Act 2018 (UK)