



## Consent Form

This consent form must be **submitted by the student** at the Ask a Question webpage: <http://bit.ly/asklquestion> or at an ASK La Trobe Help Zone or student administration office.

**To be completed by the student:**

La Trobe Student Number

Date of Birth

/ / 

Family Name

Given Names

Course Title

Course Code

Telephone (Day Time)

Email Address

I, \_\_\_\_\_ hereby authorise the individual below,  
Student Full Name

\_\_\_\_\_  
Proxy Full Name

**Proxy Contact Details:**

Address

Suburb/City

State

Post Code

Contact Phone Number

**Please select the action you would like your proxy to take on your behalf:**

to act and enquire on my behalf in matters related to my studies at La Trobe University concerning:

Enrolment

Student Fees

Graduation details

Other (please specify) \_\_\_\_\_

**AND/OR**

to perform the following actions on my behalf (please tick the relevant boxes below, fees may apply):

Collect an official University Letter

Collect a Testamur

Order an on the spot Academic Transcript

Collect an Academic Transcript

This authorisation to perform the action(s) listed on this form will remain in effect as per selection unless notified otherwise in writing by the student.

Please specify:

Duration of course OR  End date: / /

Student signature

Date

/ / 

Proxy signature

Date

/ / 

**Please be aware that proxy will be required to present photo ID at the time of contact.**