



PERMISSION TO DISCLOSE PERSONAL DATA FOR A MATRICULATED STUDENT
(Please print in capitals)

Name:		
Student Number:		
Programme of Study:		
I authorise the University of Stirling to disclose ANY personal data:	<i>(please provide the name of the person/details of the company to whom the University can disclose all information on your student record for the programme of study above)</i>	
I authorise the University of Stirling to only disclose specific data:	<i>(please provide the details of which specific information you wish to be released)</i>	
This authority to disclose personal data is :		
(a) unlimited by time:	<i>(please only select YES if the University can disclose information during the whole of your matriculation for the above programme)</i>	
	YES/NO *	
(b) valid until:	<i>(You only need to complete this section if you require the University to release information for only a specific time period)</i>	
Signed:		Date:

*Delete whichever does not apply

Once the form has been completed and signed please email from your University of Stirling email account to ask@stir.ac.uk

Registry Action

Form to be retained securely for the period: end of the individual's relationship with University + six years
Form to be uploaded to student record on Document Manager