

Privacy Act Consent Form

Use this form if you want another person to speak on your behalf.



Return to: Reception or Enrolments at any campus

✉ enrolments@whitireia.ac.nz
enrolments@weltec.ac.nz

✉ EOSI, DX Mail SX33459, Porirua 5022
EOSI, Private Bag 39803, Lower Hutt 5045

☎ 0800 944 847
0800 935 832

🌐 www.whitireia.ac.nz
www.weltec.ac.nz

1 AUTHORISATION DETAILS

First or Given Name(s)

Surname or Family Name

Email

Telephone

Student ID

I am enrolled with

Whitireia Community Polytechnic Ltd

Wellington Institute of Technology Ltd

I authorize Whitireia/WelTec to discuss my

enrolment details

attendance details

all matters relating to:

Name of Parent/Legal Guardian/Advocate

Specify purpose information will be used for

2 AUTHORISATION CONSENT

This authorization is made in accordance with the Privacy Act 1993.

This authorization is valid until

Signed

Date