

Student Records
Summerstrand Campus (South)
Telephone: +27 041 504 1111
StudentRecords@mandela.ac.za

CONSENT TO RELEASE PERSONAL INFORMATION TO THIRD PARTY

Student Details

	<u> </u>	
Name		
Surname		
Date Of Birth		
Student Number		
	Dammatan Dataila	
	Requestor Details	
Name		
Surname		
Relation To Student		
Other		
Specify		
Purpose of the request:		
Declaration by student:		
beclaration by student.		
l,		, hereby authorise the Requestor,
	, to take	steps to verify the information and
documentation.		
Looknowledge and agree	that this process involves the Pagua	estar to use my personal and consitive
	·	estor to use my personal and sensitive
		give consent to the Requestor to collect
my personal and sensitive ir	nformation from the Nelson Mandela M	etropolitan University, Student Records.
I also acknowledge and ag	gree that the Requestor will use the	information to perform my background
check.		
Liberation Contractor Ministra	Mary Intertest and the control of the Part III	
•	Mandela University against any liabili	ty in issuing my personal and sensitive
information.		
Student	Signature	 Date
Olddelil	Signature	Date