

Australian Government

Department of Foreign Affairs and Trade

Consent to verify academic record

(To be completed by student)

l, (Given names in full)	(Family name)
do hereby authorise	
(institu	tion name) gn Affairs and Trade that the attached academic record'
Date of Birth:	
Student Number:	
Award:	
Date of conferral:	
Address:	
Contact number:	
Email:	

Signed:

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