

CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013

Student name and surname:	
Student number:	
Student ID number:	

I, the undersigned, hereby acknowledge that the University of the Free State holds and otherwise processes my personal information (as contemplated in the Protection of Personal Information Act 4 of 2013), which information may include, but is not limited to my personal, identifying, contact, residential, financial, biometric, correspondence, criminal, educational, academic employment and behavioural information, as well as any assessments, evaluations and interpretations in respect of any of the aforesaid ("**Personal Information**").

I, the undersigned, hereby freely and voluntarily consent to the disclosure of my Personal Information, as the relevant context may require, to the following persons:

Person	Yes	No
Parent / legal guardian		
Funders / bursars / potential financial aid donors		
Private accommodation service providers (landlords / lessors)		
Third parties who will assist the University with verifying of household income.		

I, the undersigned, hereby confirm that I understand the nature and extent of the consent described and granted herein and further confirm that I intend to be bound fully by the aforesaid consent, in confirmation of which I do hereby duly sign and attest to this document.

Signature of Student:	Date:
Signature of Spouse/Legal Guardian/Parent (1)	Date:
Signature of Spouse/Legal Guardian/Parent (2)	Date:
Signature of Witness: (Non-Family Member)	Date: