



Academic Verification Privacy Waiver Form



I, _____,
(Print Name)

of _____
(Print Address)

hereby authorise Swinburne University of Technology to release my academic qualifications, results and / or enrolment details to _____.

(Print Company Name)

Signature: _____

Contact number: _____

Date: _____

Name of Company Representative: _____

Signature: _____

Company stamp: