



student details

ID Number

Full Name

Date of Birth

Address

E-mail

Telephone

agent details

Full Name

Date of Birth

Address

E-mail

Telephone

declaration

I authorise the above Agent to have access to my Massey University file, to change any details, request any information and speak on my behalf. I authorise my Agent to receive access to such information either in person or through the phone, or through electronic or other means:

From

to

or have access from

until I notify otherwise

Signed (by student)
Verified copy of
signature

Date

Please send completed form to: Enrolment Unit NSATS PN 610
Massey University
Private Bag 11 222
Palmerston North
New Zealand