

Information Disclosure Form

Completed forms can be submitted and emailed to the Education Attaché Unit, High Commission of Brunei Darussalam.

Important:

This form gives permission to the Education Attaché Unit, High Commission of Brunei Darussalam to gain access to the information as required below and to act on my behalf.

Student Name : _____
Institution : _____
Student ID : _____
Faculty/School : _____
Course : _____
Course Start Date : _____
Course Completion Date : _____
Mobile Number : _____
Email Address : _____

I, the above mentioned name hereby GIVE permission for the institution to release to the Third party below my personal information regarding:

1. Full name and contact details
2. Course attendance and progress
3. Course results, academic statements and official transcripts
4. Financial status

Third Party : PG **MUHAMMAD**, Pg Muhd Noor Shah
Director of Studies, Education Attaché Unit,
Contact Number : +6102 6285 4500; 208
Mobile Number : +6104 2078 7891
Email Address : noorshah.muhammad@moe.gov.bn
Postal Address : High Commission of Brunei Darussalam,
10 Beale Crescent, Deakin ACT 2600

I confirmed that the Third party has consented to the provision of their contact details for the purpose of receiving my personal information.

I understand that this authorization will apply for the duration of my current program of study from to and after the stated timeframe above.

Student Signature : _____
Date : _____