



Third Party Authorisation

Introduction

Student Universal Support Ireland (SUSI) is committed to protecting the rights and privacy of individuals in accordance with Data Protection legislation. SUSI's published Privacy and Data Protection Statement can be found on their website: <https://susi.ie/home/privacy-statement/susi-data-protection-statement/>.

In order for SUSI to discuss your details with a Third Party please complete the authorisation form below and return to SUSI. The Authorised person will not be able to amend any details on your application or receive any documents submitted with your application.

Who should complete this form and how

If you require SUSI to discuss details on an application with a third party the below steps should be followed.

Applicant refers to the student that has submitted the application.

Party 1 refers to e.g. mother/father/spouse/co-habitant/guardian.

Party 2 refers to e.g. mother/father.

Third Party refers to the person that is not listed in the application but you require SUSI to discuss some details of the application with. e.g. Public Representative, accountant, solicitor.

All details

Authorisation is required from each party to the application if all details on the application are to be discussed with the nominated third party. For example, if you require SUSI to discuss all details of the application, applicants/mother/fathers details, authorisation is required from each party of the application. In these cases, **Sections A, B and C and D** must be completed. If only 1 party to the application e.g. father and the applicant, require SUSI to discuss details with the Authorised person **Sections A, B and D** must be completed.

Section A - Applicant

If you (the applicant) require SUSI to discuss any of your details with a third party please complete **Section A** below. You must also sign in the space provided. One form can be used in cases where siblings require SUSI to discuss their details with the authorised person. **Section A – applicant 1 and Section A – applicant 2** should be completed.

Section B - Party 1

Party 1 refers to the first named party on the application. If this person requires SUSI to discuss their personal details with a third party, they must complete **Section B** of this form and sign in the space provided.

Section C - Party 2

Party 2 refers to the second named party to the application. If this person requires SUSI to discuss their personal details with a third party, they must complete **Section C** of this form and sign in the space provided.

Section D – Authorised Person

Please state clearly the name and contact details of the person you require SUSI to discuss your details with. **Note – In all cases Section D must be completed.**

Note: this page does not need to be returned with the completed form.



Third Party Authorisation Form

Section A – Applicant 1

Applicant name:	
SUSI reference number:	
Address:	

I..... appoint the below named third party as an Authorised
 (*Applicant name*)
 person to discuss all details of the above referenced application pertaining to me. I intend this authorisation to last for the duration of the academic year for which I have applied for a grant from SUSI. I understand that I can withdraw this authorisation at any time by emailing sar@susi.ie.

Signed: (*Applicant*)

Section A – Applicant 2 (if applicable)

Applicant name:	
SUSI reference number:	
Address:	

I..... appoint the below named third party as an Authorised
 (*Applicant name*)
 person to discuss all details of the above referenced application pertaining to me. I intend this authorisation to last for the duration of the academic year for which I have applied for a grant from SUSI. I understand that I can withdraw this authorisation at any time by emailing sar@susi.ie.

Signed: (*Applicant*)

Section B – Party 1

1st Party name: (e.g. Parent/legal guardian, spouse, cohabitant)	
SUSI reference number:	
Address:	

I..... appoint the below named third party as an Authorised
 (*1st Party name*)
 person to discuss all details of the above referenced application pertaining to me. I intend this authorisation to last the duration of the academic year for which I have applied for a grant from SUSI. I understand that I can withdraw this authorisation at any time by emailing sar@susi.ie.

Signed: (**1st Party**).....



Section C – Party 2

2st Party name: (e.g. Parent/legal guardian, spouse, cohabitant)	
SUSI reference number:	
Address:	

I..... appoint the below named third party as an Authorised
(2nd Party name)

Person to discuss all details of the above referenced application pertaining to me. I intend this authorisation to last the duration of the academic year for which I have applied for a grant from SUSI. I understand that I can withdraw this authorisation at any time by emailing sar@susi.ie.

Signed (2nd Party)

Section D – Authorised person – This section MUST be completed

Authorised person's name: (who SUSI may discuss your details with)	
Authorised person's contact details:	

Note: The authorised person's signature is not required.

Please return this form to;

Email: sar@susi.ie

By Post: Compliance Officer
SUSI
PO Box 869
Togher
Co Cork