



## 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://susie.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. Please note that this consent is to discuss your application only, the Authorised person will not be able to amend any details on your application or receive any documents you submitted to SUSI 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(s) 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, Citizen's Information.

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.**

### Section A – Applicant 1

<b>Applicant name:</b>	
<b>SUSI reference number:</b>	

I.....(*Applicant name*) appoint the below named third party as an Authorised 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 [3rdpartyconsent@susi.ie](mailto:3rdpartyconsent@susi.ie)

Signed: (*Applicant*) .....

### Section A – Applicant 2 (if applicable) e.g. sibling with SUSI application

<b>Applicant name:</b>	
<b>SUSI reference number:</b>	

I.....(*Applicant name*) appoint the below named third party as an Authorised 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 [3rdpartyconsent@susi.ie](mailto:3rdpartyconsent@susi.ie).

Signed: (*Applicant*) .....



## Third Party Authorisation

### Section B – Party 1 e.g. mother/father/spouse/co-habitant/guardian

I.....(1<sup>st</sup> Party name) appoint the below named third party as an Authorised 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 [3rdpartyconsent@susi.ie](mailto:3rdpartyconsent@susi.ie)

Signed: (1<sup>st</sup> Party).....

### Section C – Party 2 e.g. mother/father/guardian

I..... (2<sup>nd</sup> party name) appoint the below named third party as an Authorised 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 [3rdpartyconsent@susi.ie](mailto:3rdpartyconsent@susi.ie)

Signed (2<sup>nd</sup> Party) .....

### Section D – Authorised person – This section MUST be completed

<b>Authorised person's name e.g. public representative: (who SUSI may discuss your details with)</b>	
<b>Authorised person's contact details:</b>	

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

Please return this form to: [3rdpartyconsent@susi.ie](mailto:3rdpartyconsent@susi.ie)

