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/

If you would like SUSI to be able to discuss your grant application, or indeed the payments of fees, with a third party please complete either of the following two processes:

1. Online through your SUSI account (recommended; faster and free)

You can update your preferences regarding third party authorisations and data protection through the My Details section of your online SUSI account (accessed here) where it is possible to add or remove the name of any parties with whom you give permission to discuss your application. Once this has been completed, SUSI staff can then respond to queries from this third party e.g. from your college in relation to fees. If consent is not given, SUSI will not be in a position to respond.

OR

2. By using the Third Party Authorisation form below

You must print the form below and return it completed to 3rdpartyconsent@susi.ie

It is important to note that opting for either process will mean that the nominated third party can discuss your data only.

Relating to the form, please review the following terms before completion to avoid any delay/error.

- 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 whom you give your consent to discuss some details of the application with e.g. TD, college fees office, Citizens Information Centre.

Note – In all cases Section D must be completed.

Section A – Applicant 1

<table>
<thead>
<tr>
<th>Applicant name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SUSI reference number:</td>
<td></td>
</tr>
</tbody>
</table>

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

Signed: (Applicant) ……………………………………………………….
**Section A – Applicant 2 (if applicable) e.g. sibling with SUSI application**

<table>
<thead>
<tr>
<th>Applicant name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SUSI reference number:</td>
<td></td>
</tr>
</tbody>
</table>

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.

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

**Third Party Authorisation**

**Section B – Party 1 e.g. mother/father/spouse/cohabitant/guardian**

I...........................................................................................................(1st 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.

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

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

I...........................................................................................................(2nd 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.

Signed (2nd Party) .................................................................

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

<table>
<thead>
<tr>
<th>Authorised person’s name e.g. public representative: (who SUSI may discuss your details with)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorised person’s contact details:</td>
<td></td>
</tr>
</tbody>
</table>

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

Please return this form to: 3rdpartyconsent@susi.ie.