



Consent to Disclose Information to a Third Party

Name

Address

Email

Date of Birth

Year Completed Studies

Course Level

Course Title

College

I hereby authorise the University of Oxford to disclose information concerning my final degree classification to:

I understand that this information will only be released to the authorised third party named above or their authorised agent, and my consent is conditional upon the University complying with its duties and obligations under the Data Protection Act 2018 (UK)

Signed



Date
