



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 _____