

STUDENT SERVICES HUB

AUTHORISATION FORM

I _____ CIT _____

I authorise the Canberra Institute of Technology to:

- discuss any details regarding my enrolment with the contact nominated below
- send any relevant documentation, including invoices and all correspondence related to my enrolment to the person and address below.

NAME: _____

ADDRESS: _____

STATE: _____ POSTCODE _____

PH: _____ MOBILE _____

- I understand that authorisation will only apply for the semester of my current registration and to extend this authorisation I must resubmit in writing each time I re-enrol.
- I withdraw my authorisation

Student Signature _____

Program Name _____ Semester _____

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