**Admissions Appeals and Complaints – Third Party Consent Form**

# Applicant details:

|  |  |
| --- | --- |
| **Full Name:** |  |
| **UB Number:** |  |
| **Email Address:** |  |
| **Telephone Number:** |  |
| **Course Title:** |  |
| **Course Level:****(Undergraduate/Postgraduate/Research)** |  |
| **Reason why you are requesting third party representation:** |  |

# Details of third party:

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Relationship between applicant and third party:** |  |
| **Email Address:** |  |
| **Telephone Number:** |  |

# Applicant declaration

|  |
| --- |
| **By signing below, I agree that:** |
| * The named third party above will act on my behalf regarding my admissions appeal or complaint.
* All further correspondence from the University will be addressed to the third party representative at the email address provided above.
* I will receive copies of the correspondence for information only.
* I can withdraw my consent for the named third party representative to act on my behalf, at any time, by confirming this in writing or by email to complaintsandappeals@bradford.ac.uk.
 |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |
| ***Please note****: If you submit without your hand-written signature, this form will only be accepted if it is* *received from one of your email addresses provided in your application.* |

# Sending the form

Once complete, please send this form, together with any evidence, to complaintsandappeals@bradford.ac.uk.