STUDENT DECLARATION OF CONSENT FORM

COMPLAINTS

DECLARATION

I,…… hereby
. (Print full name here)
authorise the following person …….. to act as
(Print full name here)
my representative and raise a complaint with Derby College on my behalf.

I agree that Derby College may disclose to my representative such information that is considered necessary in resolving my complaint. I understand that this might involve the disclosure of highly sensitive information.

Name: .....

Student Number: .....

Date of birth: .....

Signed: .....

Date: .....