

# THIRD PARTY AUTHORITY FORM

To help you while staying at Burton and Garran Hall (B&G) we offer you the option to authorise other people to engage with the B&G office on your behalf. This can be helpful if you need a friend or relative to talk to us about your health and welfare, or your rental account or to make a payment for you. This form only authorises B&G to answer enquiries from your nominees. We will not make unsolicited contact with the nominees, or give them information about you unless they have asked us for it and they are authorised by you to receive it.

Your nominees cannot terminate your Occupancy Agreement. Before authorising an account nominee, please consider making alternative payment arrangements. Methods available at B&G include direct debit or paying upfront for your accommodation.

Authorising a nominee is voluntary and revocable. You can revoke this authority at any time by giving written notice of the same to the B&G Reception.

To authorise a nominee, please provide the information requested below and keep a copy of this form for your records. You may also want to consider providing your nominee with a copy.

Information about how the University handles personal information is available at <https://www.anu.edu.au/privacy>

## Your Details

|              |             |                |
|--------------|-------------|----------------|
| Family name: | First name: | University ID: |
| Hall & room: | Phone:      | Date of birth: |

## Your authorisation:

|   |       |
|---|-------|
| I authorise the following person(s) AS my nominee/s and consent to B&G using or disclosing my personal information, including sensitive personal information if indicated, to the extent necessary for B&G to enable the nominee to act on my behalf in the manner indicated below, until I revoke this authority, or I no longer reside at B&G, or until this end date: __/__/____ |       |
| Your signature  | Date: |

## Nominee details

|           |            |  |
|-----------|------------|--|
| Nominee 1 | Name:      | <input type="checkbox"/> Account/payments<br><input type="checkbox"/> Health & welfare |
| Phone:    | email:     |  |
| Address:  |            |  |
| Date:     | Signature: |  |

|           |            |  |
|-----------|------------|--|
| Nominee 2 | Name:      | <input type="checkbox"/> Account/payments<br><input type="checkbox"/> Health & welfare |
| Phone:    | email:     |  |
| Address:  |            |  |
| Date:     | Signature: |  |