

CONSENT FORM

I, \_\_\_\_\_, Student Number: \_\_\_\_\_ authorise Centrelink to electronically provide a statement of information to the University of Melbourne to assist in the assessment of my entitlement to services from the University of Melbourne. I understand that the information provided by Centrelink may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income, assets and confirmation of my current address.

I understand that this authority, once signed, is effective only for the period I am a customer of the University of Melbourne. I understand that this authority, which is ongoing, can be revoked at any time by giving notice to the University of Melbourne.

I understand that I will be able to obtain a written copy of the Statements at any time from either the University of Melbourne or Centrelink.

A brochure is available from Centrelink that provides more details about the Centrelink Confirmation eServices on Centrelink's website at [www.centrelink.gov.au](http://www.centrelink.gov.au)

Signature: \_\_\_\_\_

Customer Reference Number (CRN): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Scholarship: \_\_\_\_\_

Date Signed: \_\_\_\_\_