



DISCLOSURE OF PERSONAL INFORMATION: CONSENT FORM

Name:

Address:

Postcode:

Date of Birth:

SAAS Ref No:

University/College attended:

Course:

I hereby authorise the Students Awards Agency for Scotland to release my personal information (including any sensitive personal data) to the authorised individual named below.

Name and contact details of authorised person:

Signed:

Date:

Please return the completed form to SAAS, Gyleview House, 3 Redheughs Rigg, Edinburgh, EH12 9HH.