



Permission to Advocate

To register for disability support

Please complete this form if you would like to nominate someone (a family member, friend or formal Advocate) to speak on your behalf to the Accessibility Support team.

UniSQ Student Number:

Full Name:

Hereby give permission for:

Full Name:

Relationship to you (e.g. parent, spouse):

Contact number of advocate:

Email of advocate:

to communicate with the Accessibility Support team as my advocate, in order to have appropriate support services provided in relation to my studies. This communication may be conveyed verbally, in writing or electronically.

I understand that I may revoke this consent at any time by advising the Manager of Accessibility Support in writing.

(Student Signature)

(Advocate Signature)

(Signature of Witness)

(Name of Witness)

Date:

Please email a copy of this completed form to disabilitysupport@usq.edu.au and retain the original for your records.

UniSQ is collecting the personal information on this form for the purpose of providing the services and assistance that you have requested. For a full understanding of our privacy information and management of your personal information, please access our [Privacy Statement](#) located at Reception or at www.usq.edu.au/student-support.