

Student's Signature

The Advice Centre Representation Agreement

Date .		Case ID:	Representative:
I, First Name			
Matriculation Number, Date of Birth, authorise the			
Students' Representative Council to act on my behalf in respect of			
I consent to The Advice Centre staff contacting other persons and agencies on my behalf for the			
purpose of representation, and releasing information to other relevant parties. I consent to			
those persons and agencies releasing information regarding myself if the SRC deem it			
necessary for researching my case and for the purpose of representation.			
I agree to be subject to The Advice Centre's regulations regarding representation, as detailed below.			
below.			
1.	I agree to keep my relevant to my case	•	d of any communications or other matters
2.	I agree to supply au requested.	thentic information regardir	ng my case to my representative when
3.	_	•	ganised for me by The Advice Centre, or as much notice as possible.
4.		•	ably fail to co-operate with The Advice entation or research regarding my case at
5.		• •	onfidential case-notes regarding my case, rovisions of the Data Protection Act if I so
I confirm that I have discussed these regulations with The Advice Centre staff and have fully			
understood them.			