**DATA PROTECTION
THIRD PARTY CONSENT FORM**

**DATA PROTECTION NOTICE - VERIFICATION OF QUALIFICATION**

The British Council will share a copy of the submitted degree(s)/certification(s) with your University/Board in order to verify the qualification.

Your University may require evidence that you have given your consent to this disclosure.

**By signing this form you grant consent to British Council and the University to access and disclose your academic records for the purpose of verification, preceding the attestation of the submitted degree(s)/ certification(s)**

**Please fill the following information**

|  |  |
| --- | --- |
| Name |  |
| Degree Title  |  |
| Supplement(s) (transcripts or others) |  |
| Session |  |
| University/Board |  |

Your consent

I have read the above consent and allow the British Council to access my academic information from the above mentioned University/Board. I also allow the University/Board to disclose this information to the British Council.

 Name ..……………………………………..

Date ……………………… Signature ……………………………………..