

Chichester College Group
Accommodation Data Release Form



Chichester
college group

Student Name: _____

Student Number: _____

From time to time Chichester College Group would like to share updates on you with your parents/guardians. To do this we require your permission to disclose this information. Chichester College Group will contact your emergency contact (and your agent if you have one) listed on your medical form if there are any safeguarding concerns or in serious situations where it is in your vital interests. To reside in Group accommodation you must provide the Group with an appropriate emergency contact.

I consent for Chichester College Group to send reports including attendance and progress

I consent to Chichester College Group sending information relating to Positive Behaviour Management including referral paperwork

Name: _____

Relationship: _____

Name: _____

Relationship: _____

I understand that by signing this Data Release Form that I am giving my permission for information on my performance, progression and well-being during my studies at Chichester College to be shared with the people specified above. Students through an agent will have their reports and progression/referrals sent to this contact through the year.

Student Signature: _____

Date: _____

Personal information which you supply on this form will be used to share details on your performance and progress at college and kept in line with the college retention policy. The information will be kept in accordance with current data protection legislation and in line with the college data protection notice and policy which can be found on our website.