

Consent Form for Release of Information



I, the undersigned, hereby give my consent that:

- (1) Information regarding my enrolment, academic records and/or awards may be released to the South African Qualifications Authority (SAQA)¹ as per my personal details below:

Current Full Name:	First Name	Middle Name	Last Name
Previous name(s)	First Name	Middle Name	Last Name

ID/Passport/Asylum Seekers Number		Date of birth	
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Qualification	Institution	Date of enrolment / award	Student number
1			
2			
3			
4			

I understand that the purpose of the disclosure of the information is to assist SAQA to process an official request for evaluation, including verification of the authenticity of the above-mentioned qualification(s).

- (2) If I provide any false or misleading information either directly or indirectly to SAQA as part of the application for evaluation of my foreign qualification(s), the following information may be published, including on a national register in the Government Gazette:

- a) My name and identity or passport or asylum seekers number;
- b) The title of the qualification(s) claimed and submitted for evaluation; and
- c) The name of the institution claimed to have awarded the qualification to me.

Signature: Qualification holder

Date

¹ SAQA is a statutory body established in terms of the National Qualifications Framework (NQF) Act, 67 of 2008. Amongst other functions, SAQA evaluates foreign qualifications to determine their status and authenticity, as well as their comparability with relevant South African qualifications and recognition in terms of the South African NQF.