Consent Form for Release of Information



١,	the	undersigned,	hereby	give m	y consent that:

(1)	Information regarding	my enrolment,	academic	records	and/or	awards	may	be	released	to	the	South
	African Qualifications A	Authority (SAQA	() ¹ as per m	nv persor	nal deta	ils below	<i>r</i> :					

Current Full Name:	First Name	Middle Name	Last Name
	First Name	Middle Name	Last Name
Previous name(s)			
ID/Passport/Asylum		Date of birth	

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

Consent form: Version 2015-11-03

Seekers Number

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.