

**Consent Form**

**For students applying to undertake the**

***Effective Management in Homeless Services Module (2020)***

**in**

**Dublin City University**

For release to employers of information relating to attendance and results by College Authorities:

I hereby authorise the authorities in Dublin City University, to provide the Dublin Region Homeless Executive with details of attendance and assessment results relating to the modules for which I am registering.

**(PLEASE DO NOT TYPE – ACTUAL SIGNATURE REQUIRED)**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in Block Capitals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: (WILL BE INSERTED BY DCU REGISTRY) \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_