

Authorisation to Obtain Information

I, _____
Name

of _____
Address

Hereby authorise officers of TAFE Gippsland to obtain written information as necessary from the following person or organisation:

eg. Doctor, Specialist, Physiotherapist etc. (A separate form should be completed for each person or organisation)

This Authority also permits discussion with the person or representative of the organisation mentioned above.

I understand that the information provided will be of a factual nature concerning the disability or disabilities and medical matters relevant.

I understand that I can change or cancel this Authority at any time.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

For persons under the age of 18 years, parent/guardian signature is required.

I acknowledge and approve this authorisation.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____