

Consent to Release Information

I authorise TAFE Gippsland to release information concerning relevant personal information relevant to my enrolment in a course of study, and discuss that information with representatives of the Agencies nominated below:

	Please check relevant box
Centrelink	<input type="checkbox"/>
Department of Family and Community Services	<input type="checkbox"/>
Employer	<input type="checkbox"/>
Union	<input type="checkbox"/>
Referee	<input type="checkbox"/>
Doctor	<input type="checkbox"/>
Solicitor	<input type="checkbox"/>
Insurance company	<input type="checkbox"/>
State Workers Compensation Authority	<input type="checkbox"/>
Any Court, in any manner, in which I am a party, if subpoenaed	<input type="checkbox"/>
Other/s (please indicate below)	<input type="checkbox"/>

The information provided may include any documents on TAFE Gippsland case records and may include written reports created at the request of treating Health Practitioners.

I understand I may change or cancel this Authority in writing at any time.

Name:

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: