

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: