

# Authorisation to Disclose Information

Information which the Institute collects about students for the purpose of their enrolment and participation in a course is protected under the *Privacy and Data Protection Act (Vic) 2014*. The information is stored securely and confidentially. It will not be used for purposes other than the purposes for which it is collected.

As outlined in **CMT023POL - Privacy Policy**, in certain circumstances TAFE Gippsland requires your consent to disclose your information to others, and you can choose whether you want their identification checked prior to the release of the requested information.

I, \_\_\_\_\_ authorise TAFE Gippsland to disclose information about my enrolment and my progress through Institute courses (or parts thereof) in which I have enrolled.

I authorise the Institute to supply this information to the following person/s only:

| Name | Address | Email | *Identification Check Required?                          |
|------|---------|-------|--|
|      |         |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|      |         |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|      |         |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|      |         |       | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**\*Please note:** If you wish the Institute to check the identification of any of these people before we give them any information about your enrolment and/or progress, we may need to ask you for further information about the nominated person/s.

Student name: \_\_\_\_\_

Student 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: \_\_\_\_\_