# Student Information Release Form

**Student details**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Address** |  |
| **Contact number** |  |
| **E-mail address** |  |

|  |
| --- |
| **Information to be released** |
| 🞏 Name🞏 Contact details🞏 Role and responsibilities | 🞏 Date of birth🞏 Emergency contact🞏 Qualifications | 🞏 Address🞏 Position details🞏 Other (please specify): |

**Party requesting information details**

|  |  |
| --- | --- |
| **Organisation name** |  |
| **Contact person** |  |
| **Address** |  |
| **Contact number** |  |
| **E-mail address** |  |

The personal information supplied and collected in this form is subject to the Privacy Act 1988 (Cth) and will be treated in accordance with Training 2U’s Privacy Policy.

I hereby authorise Training 2U to disclose the information as per this release form to the party identified above.

|  |  |
| --- | --- |
| **Student signature** |  |
| **Date** |  |

|  |
| --- |
| **Admin Use Only** |
| **Name** |  |
| **Position** |  |
| **Saved to student’s file** | 🞎 Yes 🞎 NoLogged by: | **Date**  |  |
| **Information released as per request** | 🞎 Yes 🞎 NoLogged by: | **Date**  |  |
| **CEO signature** |  |
| **Date** |  |