

AUTHORITY TO RELEASE INFORMATION FORM

This form is to be completed by students wishing to grant Third Party Access to their College records. Please fill in all details on this form, sign and **return to Student Services**. The College Student Privacy Policy and Procedure can be accessed at www.think.edu.au/policiesandforms

PERSONAL DETAILS

Family Name: (Surname) First Name:

Student ID #: Course:

THIRD PARTY DETAILS (Person or organisation nominated to gain access to your records)

Full Name	<input type="text"/>						
Date of Birth	Day: <input type="text"/>	Month: <input type="text"/>	Year: <input type="text"/>	Phone Number	<input type="text"/>		
Email Address:	<input type="text"/>						
Address Line 1	<input type="text"/>						
Address Line 2	<input type="text"/>						
City:	<input type="text"/>	State:	<input type="text"/>	Postal Code:	<input type="text"/>	Country:	<input type="text"/>

RELATIONSHIP TO STUDENT (e.g. parent, employer)

Relationship:

ACCESS LEVELS (Please choose one of the two options below)

- 1) **Full Access**
- 2) **Partial Access** (please tick all applicable areas)

Personal Details	Enrolment Records	Results of Assessment
Attendance Records	Financial Account	Award Documentation
Other <small>(please specify)</small> <input style="width: 100%;" type="text"/>		

DECLARATION

I declare that the information I have given on this form is true and correct. I understand that the nominated third party on this form will be recorded on the Student Administration System and will be able to supply the details provided on this form to access the appropriate account information if required. The third party nominated will have access **until** I request for the access to be removed.

Signature: Date:

