

Information Release Form

Student Information	
Full Name:	
Date of Birth:	
Address:	
Student Number:	
Course:	

Information to be released – Please tick		
<input type="checkbox"/> Name	<input type="checkbox"/> Date of birth	<input type="checkbox"/> Address
<input type="checkbox"/> Enrolment details	<input type="checkbox"/> Phone	<input type="checkbox"/> Mobile
<input type="checkbox"/> Email	<input type="checkbox"/> Emergency contact	<input type="checkbox"/> Other
Please specify other:		
Organisation information being released to:		

I hereby authorise Sitetrain to disclose the information as per this release form to the organisation identified above.

Signature: _____ Date / /

The personal information supplied and collected in this form is subject to the Privacy Act 1988 (Commonwealth) and will be treated in accordance with the Privacy Policy of Sitetrain. A full copy of Sitetrain's Privacy Policy is available on request.

Please return completed form to:
 Sitetrain
 PO Box 133
 Forbes, NSW, 2871

OR by email to:
kylie@sitetrain.com.au