

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:

MACARTHUR TOURISM TRAVEL & EVENTS COLLEGE

I hereby authorise RTO Name 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 RTO Name. A full copy of the Privacy Policy of RTO Name is available on request.

Please return completed form to:

Address