Release Authorisation Form

This form is used to give CEAV Institute permissions to share information regarding the student's education and wellbeing with the support service providers and/or parents/carers indicated below. Students may request access to their records by completing the 'Request to Access Personal Information Form' and providing proof of identification. Third party access cannot be approved unless the 'Release Authorisation Form' is completed and signed by both the student concerned and the third party.

Student Details			
First name:		Last name:	
Mobile number:			
Home Number:			
Address:			
Email address:			

*Please tick the appropriate organisation/relationship, as list below:

Organisation/Relationship	Name of Individual or Contact Person
☐ Family Member:	
☐ Employer/ Scholarship Provider	
☐ Carers (e.g. Supported accommodation):	
☐ Centrelink:	
☐ Doctor (GP):	
☐ Support Agencies (e.g. EACH):	

Release Authorisation Form

☐ Allied Health:			
☐ State Trustees:			
☐ Other (list below):			
Student Signature:		Date:	

Office Use Only – Approved by			
RTO Representative's Name:			
RTO Representative's Signature:			
Student's File Updated:	☐ Yes ☐ No	Date:	
Share information with relevant stakeholder as detailed above	☐ Yes ☐ No	Date:	