**Information Release Form**

|  |  |
| --- | --- |
| **Student Information** | |
| Full name: |  |
| Date of birth: |  |
| Address: |  |
| Student number: |  |
| Course: |  |

|  |  |  |
| --- | --- | --- |
| **Information to be released – Please tick** | | |
| Name | Date of birth | Address |
| Enrolment details | Phone | Mobile |
| Email | Emergency contact | Other |
| Please specify other: | | |
| Organisation information being released to: | | |

I hereby authorise Watto Training 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 Watto Training. A full copy of the Privacy Policy of Watto Training is available on request.

Please return completed form to:

PO Box 436

Bulimba QLD 4171