

## THIRD PARTY AUTHORISATION FORM

Complete this form if you wish to authorise a third party (e.g. Employer) to access information and obtain copies of documents kept in your Student Records File.

### Section 1: Course Participants Details

Family Name	Given Name
Phone	Email
Mailing Address	Date of Birth

### Authorisation

By signing this form I authorise the release of the following information and documentation to the person whose details and signature appear in Section 2 of this form for the period indicated below.

NOTE: if no dates are indicated the authorisation is said to be enduring until revoked in writing by the participant

Authorisation Start Date	Authorisation End Date
Signature	Date

Please tick below which information is authorised for release:

<input type="checkbox"/>	Enrolment form	<input type="checkbox"/>	Statement of Attainment or Certificate
<input type="checkbox"/>	Copies of Assessments	<input type="checkbox"/>	ALL Records for All Courses
<input type="checkbox"/>	Supporting Evidence	<input type="checkbox"/>	ALL Records for a specific Course:
<input type="checkbox"/>	Results (Assessment Outcome)	<input type="checkbox"/>	Name of Course:

### Section 2: Third Party Details

Company Name	Supervisor's Name
Phone	Email
Mailing Address	Signature

NOTE: If the training is paid for by the employer, full authorisation is granted as a condition at enrolment. This authorisation is only applicable to whoever the employer is deemed to be at course commencement.

Office Use ONLY:			
Information Released	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sent to: _____ Date Sent: _____