



AUTHORITY TO RELEASE INFORMATION

STUDENT NAME: _____

DATE: _____

COURSE ENROLLED IN: _____

In accordance with the *Privacy Act 1988*, while you are undertaking your training program, there will be times when FIT College needs to discuss your situation with others. This could be with your workplace supervisor/family member or workplace trainer.

Fit College is committed to protecting information collected through this process and the handling of data in accordance with the *Privacy Act 1988*. All information we collect from you will be kept secure and confidential.

All requests for student records or details must be signed by the student. FIT College is unable to process requests for student information made by person(s) other than the student, unless written permission from the student has been granted.

This form is used to obtain your consent for a FIT College representative to provide certain information regarding, although not limited to your enrolment, assessments, payment plans and options to a third party of your choice.

Please complete the following document to allow FIT College to discuss your situation with your nominated third party.

Student Declaration:

I _____ give permission for a FIT College representative to discuss my training program development, payment options and assessment evidence with the nominated third party whose details are listed below.

Date: _____ Signature: _____

Third Party Details:

Full Name: _____

Address: _____

Contact number: _____

Relationship to person whose records/information are being sought: _____

PLEASE RETURN THIS FORM TO: admin@fitcollege.edu.au

RTO 31903