**Information Release Form**

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| --- |
| **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