

www.parramattacollege.com.au

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Student consent to release Information

T 02 **9687 2072** F 02 9687 2217 E admin@parramattacollege.com.au

Student's Name:_____

Date of Birth: __/__/

Course Code:_____

I give permission for the following information

	Write your initials here against the records you give permission to release
Attendance records	
Training records – your progress	
Assessment records – your progress	
Contact details	

To be released to (name):_____

Of (organisation name):_____

Students signature:_____

Students Full Name:_____

Date:___/__/