

## Release Authorisation Form

This form is used to give CEAV Institute permissions to share information regarding the student's education and wellbeing with the support service providers and/or parents/carers indicated below. Students may request access to their records by completing the 'Request to Access Personal Information Form' and providing proof of identification. Third party access cannot be approved unless the 'Release Authorisation Form' is completed and signed by both the student concerned and the third party.

### Student Details

|                |  |            |  |
|----------------|--|------------|--|
| First name:    |  | Last name: |  |
| Mobile number: |  |            |  |
| Home Number:   |  |            |  |
| Address:       |  |            |  |
| Email address: |  |            |  |

\*Please tick the appropriate organisation/relationship, as list below:

| Organisation/Relationship                                       | Name of Individual or Contact Person |
|---|--------------------------------------|
| <input type="checkbox"/> Family Member:                         |                                      |
| <input type="checkbox"/> Employer/ Scholarship Provider         |                                      |
| <input type="checkbox"/> Carers (e.g. Supported accommodation): |                                      |
| <input type="checkbox"/> Centrelink:                            |                                      |
| <input type="checkbox"/> Doctor (GP):                           |                                      |
| <input type="checkbox"/> Support Agencies (e.g. EACH):          |                                      |

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|  |  |       |  |
|--|--|-------|--|
| <input type="checkbox"/> Allied Health:      |  |       |  |
| <input type="checkbox"/> State Trustees:     |  |       |  |
| <input type="checkbox"/> Other (list below): |  |       |  |
| Student Signature:                           |  | Date: |  |

## Office Use Only – Approved by

|   |  |       |  |
|---|--|-------|--|
| RTO Representative's Name:                                    |  |       |  |
| RTO Representative's Signature:                               |  |       |  |
| Student's File Updated:                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: |  |
| Share information with relevant stakeholder as detailed above | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: |  |