

Release Authorisation Form

Student Name:			
Address:			
Contact Number:		Email:	
<p>I, _____ (student name) hereby give permission for CEAV Institute to share information regarding my education and wellbeing with the support service providers and/or parent/carers indicated below.</p> <p>Please tick or list support agencies, individuals and/or family members;</p>			
Organisation/Relationship:	Name of the individual or contact person:		
<input type="checkbox"/> Parent			
<input type="checkbox"/> Other relationship Please specify: _____			
<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) Secondary School			
<input type="checkbox"/> Allied Health			
<input type="checkbox"/> JAP's			
<input type="checkbox"/> State Trustees			
<input type="checkbox"/> Other (list below): _____			
Student Signature: _____			
Date: _____			