Student Consent to Release Personal Information
TAFESIS029

Section A – Student Details (REQUIRED)

TAFE SA ID Number: **USI:**

Surname: **Given Names:**   **DOB:**

Address:

Suburb: **Postcode:**

Phone Number: **Email Address:**

Section B – Student Consent (REQUIRED)

I hereby consent for TAFE SA for the period of study between   /   /   **and**   /   /

To release or discuss my: (tick all that apply)

- ☐ **Results**
- ☐ **Attendance Records**
- ☐ **Records/Copy of AQF Certification**
- ☐ **Training Plan**
- ☐ **Financial account/fees**
- ☐ **Student Details** *(as per Section A on this form)*
- ☐ **Student Wellbeing** *(with Student Services staff only)*

For these Qualification/s:

To the Employer/s or Third Party/s listed in Section C on page 2.

Student Signature: _____   **Date:**

Witness Name:

Witness Signature: _____   **Date:**

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Section C – Employer or Third Party Details 1 (REQUIRED)

Contact Name: | **If third party, DOB:**

Phone Number: | **Email Address:**

If employer, business name: | **If employer, ABN:**

Employer or Third Party Details 2

Contact Name: | **If third party, DOB:**

Phone Number: | **Email Address:**

If employer, business name: | **If employer, ABN:**

Employer or Third Party Details 3

Contact Name: | **If third party, DOB:**

Phone Number: | **Email Address:**

If employer, business name: | **If employer, ABN:**

Employer or Third Party Details 4

Contact Name: | **If third party, DOB:**

Phone Number: | **Email Address:**

If employer, business name: | **If employer, ABN:**

Employer or Third Party Details 5

Contact Name: | **If third party, DOB:**

Phone Number: | **Email Address:**

If employer, business name: | **If employer, ABN:**

Section D – WORKGROUP USE ONLY

Document stored in BDM: ☐

Admin Name:

Admin Signature: | **Date:**