

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 <i>(as per Section A on this form)</i> |
| ☐ Student Wellbeing <i>(with Student Services staff only)</i> | | |

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: