



INFORMATION RELEASE FORM

Student ID No.		Student Name	
Postal Address			
In signing this document I hereby authorise the College of Natural Healing to disclose the information as per this release form to the organisation identified below.			
Student Signature			
Date		Date Request Received (college use only)	

Information to be released – Please tick		
<input type="checkbox"/> Personal Information	<input type="checkbox"/> Enrolment details	<input type="checkbox"/> Student records
<input type="checkbox"/> Academic Records	<input type="checkbox"/> Financial records	<input type="checkbox"/> Any records related to me and my involvement with the College
Please specify other if not listed above:		
Organisation information being released to:		

The personal information supplied and collected in this form is subject to the Privacy Act 1988 and Australian Privacy Principles (effective from 12th March 2014), and will be treated in accordance with the Privacy Policy of College of Natural Healing. A full copy of the Privacy Policy of College of Natural Healing is available on request.

Please return completed form to: College of Natural Healing email: admin@collegenaturalhealing.com.au

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