



**INFORMATION RELEASE FORM**

Student Name:	
Student ID No:	
Student's Date of Birth:	
Address:	

**Tick relevant box**       Over 18 years of age       Under 18 years of age

I, \_\_\_\_\_ (print name) give consent to WCA to release the following information to the following person(s).

**Tick appropriate box.**

Type of information	Parent	Agent	UoW / ITC Staff	Other (Please specify who)
I give permission for the College to disclose information related to my enrolment/study at WCA to				
Other information. Please specify e.g. medical problems, personal problems, financial (debts), accommodation, study problems, behaviour problems, social problems ----- ----- ----- -----				

**OR**

<input type="checkbox"/>	I do <b>NOT</b> give consent to the Wollongong College Australia to release any information about me.
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**Student's Signature:** ..... **Date:** .....

The personal information supplied and collected in this form is subject to the Privacy Act 1988 (Cth) and will be treated in accordance with ITC's Public Privacy Policy. A full copy of the ITC Public Privacy Policy is available at ITC's website: [www.uow.edu.au/itc/](http://www.uow.edu.au/itc/).