



### Information Release Form

Student Information	
Full name:	
Date of birth:	
Address:	
Student number:	
Course:	

Information to be released – Please tick		
<input type="checkbox"/> Name	<input type="checkbox"/> Date of birth	<input type="checkbox"/> Address
<input type="checkbox"/> Enrolment details	<input type="checkbox"/> Phone	<input type="checkbox"/> Mobile
<input type="checkbox"/> Email	<input type="checkbox"/> Emergency contact	<input type="checkbox"/> Other
Please specify other:		
Organisation information being released to:          		





I hereby authorise Career Read to disclose the information as per this release form to the organisation identified above.

Signature: \_\_\_\_\_ Date    /    /

The personal information supplied and collected in this form is subject to the Privacy Act 1988 (Commonwealth) and will be treated in accordance with the Privacy Policy of RTO Name. A full copy of the Privacy Policy of Career Ready is available on request.

Please return completed form to:

**[info@careerready.edu.au](mailto:info@careerready.edu.au)**



Level 8 140 Elizabeth Street  
Sydney NSW 200



[info@careerready.edu.au](mailto:info@careerready.edu.au)  
[www.careerready.edu.au](http://www.careerready.edu.au)

RTO Code: 41420  
ABN: 69 607 423 941