

# Disclosure of Information Permission Form

**!** Please note: The 'save form' button is only active when the form is viewed in Adobe Acrobat software.

Permission to allow contact and disclosure of information between Holmesglen staff and associated third party of student enrolled at Holmesglen Institute.  
If the student wishes to either end this arrangement or make changes, the student is to send a request via email to: assist@holmesglen.edu.au

## Student Details

Holmesglen Student ID Number:

Last name:

First name(s):

Date of birth (dd-mm-yyyy):

Mobile number:

Telephone number:

Unit number/Street number/Street name:

Suburb/town:

State:

Postcode:

Email address:

## Contact One:

Last name:

First name(s):

Relation to student:

Company name:

Mobile number:

Contact telephone number:

Email address:

## Contact Two:

Last name:

First name(s):

Relation to student:

Company name:

Mobile number:

Contact telephone number:

Email address:

## Student Declaration:

I give permission for Holmesglen Institute to exchange and disclose information with the person(s) listed above as a contact(s) in relation to my student records.

Student name:

Student signature:

Date (dd-mm-yyyy):