

# DISCLOSURE OF INFORMATION PERMISSION FORM

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: [registrars@holmesglen.edu.au](mailto:registrars@holmesglen.edu.au)

**Student ID Number:**

## Student details

Last name:

First name:

Mobile telephone: Home telephone: Work telephone:

Email address:

Street address:

Suburb: State: Postcode:

Date of birth (Day-Month-Year):

## Contact One:

Last name:

First name:

Relation to student: Company name:

Mobile telephone number: Home telephone number: Work telephone number:

Email address:

## Contact Two:

Last name:

First name:

Relation to student: Company name:

Mobile telephone number: Home telephone number: Work 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: