



Student consent to release Information

Student's Name: _____

Date of Birth: ___/___/___

Course Code: _____

I give permission for the following information

	Write your initials here against the records you give permission to release
Attendance records	
Training records – your progress	
Assessment records – your progress	
Contact details	

To be released to (name): _____

Of (organisation name): _____

Students signature: _____

Students Full Name: _____

Date: ___/___/___