

# Permission to exchange information

## Student details

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

I, \_\_\_\_\_

*(Your first name and family name)*

give permission for \_\_\_\_\_

*(Staff full name and title)*

to exchange information regarding \_\_\_\_\_

\_\_\_\_\_

*(List relevant details of case)*

With \_\_\_\_\_

*(other party details - organisation or individual contact)*

The specific purpose of providing this permission was discussed with me during my session with the staff listed above held on \_\_\_\_\_ (date).

I understand that I can change or cancel this authority, in writing, at any time.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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