Information Release Form

Please complete the form below and return it to: uqskills@uq.edu.au.

|  |  |
| --- | --- |
| Student information |  |
| Full name: |  |
| Date of birth: |  |
| Address: |  |
| Student number: |  |
| Course: |  |
|  |
| Information to be released |
| Name  | Date of birth | Address |
| Enrolment details | Phone | Mobile |
| Email | Emergency contact | Other |
| Please specify other: |
| Organisation information being released to: |

I hereby authorise UQ Skills 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 UQ Skills. A full copy of UQ Skills’ Privacy Policy is available on request.