Information Release Form

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