

RELEASE OF STUDENT INFORMATION - STUDENT AUTHORISATION -

YOUR PRIVACY

Your personal information will be collected and used for the purposes set out in the Box Hill Institute's Personal Information Privacy Collection Notice – available to be viewed on the Institute's web site at www.boxhill.edu.au/privacy

STUDENT ID NO. (if known)																		
FULL NAME:																		
DATE OF BIRTH:					1	9					SEX: <small>(TICK BOX)</small>	MALE	FEMALE					
	<small>DAY</small>	<small>MONTH</small>					<small>YEAR</small>											
PERMANENT ADDRESS:																		
SUBURB:									POSTCODE:									
TELEPHONE:	HOME:									WORK:								
MOBILE:										FAX:								

RELEASE OF INFORMATION

I hereby authorise Box Hill Institute to release my _____ as follows:

- Send my information to current address as stated above.
- Fax my information to the following fax number: _____
(Please Note: Results in either fax or email format may not be accepted by other bodies/institutions as they will not be on original, official Box Hill Institute stationery.)
- E-mail my information to the following email address:

(Please Note: Results in either fax or email format may not be accepted by other bodies/institutions as they will not be on original, official Box Hill Institute stationery.)

- Send my information directly to the following person and address:

STUDENT SIGNATURE		DATE	/ /
--------------------------	--	-------------	-----