

# PERMISSION TO COMMUNICATE

<b>STUDENT ID:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>FAMILY NAME:</b>	<input type="text"/>							
<b>GIVEN NAMES:</b>	<input type="text"/>							

## Your Right to Privacy:

The Box Hill Institute Group is required to comply with the national and state privacy regimes and is committed to protecting your privacy and the confidentiality and security of your enrolment and progress within your course.

As you are considered a “mature minor” (if under 18), this means that unless you give your consent we cannot communicate with anyone outside of the Box Hill Institute Group about you. If you are 18 years or over your right to privacy is automatically assumed.

To grant your consent to the release of your enrolment, progress, results, complete this form.

### Consent to release information to Contact Person:

<b>NAME:</b>	<input type="text"/>		
<b>RELATIONSHIP:</b>	<input type="text"/>		
<b>EMAIL:</b>	<input type="text"/>	<b>Mobile:</b>	<input type="text"/>

### Consent to release information:

I hereby grant consent for the officers of the BHI Group to discuss with the Contact persons listed above to communicate with them about my enrolment, progress, attendance, behaviour, results or other relevant information about my studies at CAE and/or BHI.

I acknowledge that I have also kept a copy of this form for my records.

**STUDENT SIGNATURE:**

**DATE:**