# Information Release Form

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| **Student Information** | |
| Full name: |  |
| Date of birth: |  |
| Address: |  |
| USI: |  |
| Course: |  |

|  |  |  |
| --- | --- | --- |
| **Information to be released – Please tick** | | |
| Name | Date of birth | Address |
| Enrolment details | Phone | Mobile |
| Email | Emergency contact | Other |
| Please specify other: | | |
| Organisation information being released to: | | |

I hereby authorise Mediation Institute 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 Mediation Institute. A full copy of the Privacy Policy of Mediation Institute is available on request.

Please return completed form to:

[office@mediationinstitute.edu.au](mailto:office@mediationinstitute.edu.au) or 730B Centre Road, Bentleigh East Vic 3165