

Release of Information Form

To be used to provide information to employers only

All personal information collected by CIT is managed in accordance with the Information Privacy Act 2014 (ACT). CIT will not disclose your personal information to any third party, including your parent/guardian, without your written consent, unless there is a legislative requirement to do so.

This form is to be completed if you wish to give or withdraw permission for CIT to disclose your personal information to a third party or parent/guardian.

Completed forms can be submitted to infoline@cit.edu.au, administrative support for your department of study or at CIT Student Services on any campus.

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|---|---|-----|----------------------|--|-----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Full Name (Print) | | | | | | CIT Number | | | | | |
| I, | <input type="text"/> | | | | | CIT | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Give permission for CIT to provide to the third party or parent/guardian listed below my personal information regarding: | | | | | | | | | | | |
| <input type="checkbox"/> | Course attendance and progress | | | | | | | | | | |
| <input type="checkbox"/> | Course results/official transcripts | | | | | | | | | | |
| <input type="checkbox"/> | Financial status | | | | | | | | | | |
| OR | | | | | | | | | | | |
| <input type="checkbox"/> | Withdraw permission for CIT to provide to the third party listed below my personal information. | | | | | | | | | | |
| Parent/Guardian or Third Party: | Full Name (Print) | | | | | Phone | | | | | |
| Postal Address: | <input type="text"/> | | | | | | | | | | |
| | | | | | Postcode: | <input type="text"/> | State: | <input type="text"/> | | | |
| Course Name (1): | <input type="text"/> | | | | | | | | | | |
| Course Name (2): | <input type="text"/> | | | | | | | | | | |
| I understand that authorisation will only apply for the duration of my current program or for the timeframe - | | | | | | | | | | | |
| Dated: | <input type="text"/> | to: | <input type="text"/> | | | | | | | | |
| I also understand that the information provided will include my full name and contact details as registered in the CIT's student administration system. | | | | | | | | | | | |
| I confirm that the third party has consented to the provision of their contact details to CIT for the purpose of receiving my personal information. | | | | | | | | | | | |
| Student Signature: | <input type="text"/> | | | | | Date: | DD/MM/YYYY | <input type="text"/> | | | |

The third party/parent/guardian information provided on this form is being collected under the principles of the Information Privacy Act 2014 (ACT) to allow CIT to disclose the information you have approved above to the nominated third party/parent/guardian.

CIT is an adult education environment and as such primary communication should be between CIT and the student. However where a student provides permission for a third party to access information it does not provide permission for the third party to speak on the student's behalf nor remove the right of CIT to discuss any issues or concerns directly with the student.

| | | | | |
|----------------------------|-----------------------|----------------------|-------|----------------------|
| ADMINISTRATION USE ONLY | Entered on CRM by: | <input type="text"/> | Date: | <input type="text"/> |
| | CRM reference number: | <input type="text"/> | - | <input type="text"/> |