

Release of Information form

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, without your written consent, unless there is a legislative requirement to do so.

This form is to be completed if you wish to give CIT permission to disclose your personal information to a third party.

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

I understand that authorisation will only apply for the current course listed below.

I also understand that the information provided will include my full name and contact details as registered in 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.

Course name: <input style="width: 550px;" type="text"/>		CRN: <input style="width: 100px;" type="text"/>
Third Party	Full name (Print)	Phone
Company name:	<input style="width: 340px;" type="text"/>	<input style="width: 150px;" type="text"/>
Company email:	<input style="width: 690px;" type="text"/>	
Company address:	<input style="width: 690px;" type="text"/>	
Company ABN:	<input style="width: 150px;" type="text"/>	Purchase Order Number (Optional): <input style="width: 250px;" type="text"/>

I give permission for CIT to provide to the third party a copy of my invoice and academic records for the course listed above.

Number of employees on this ROI

Full name (Print)	Student signature	CIT number
<input style="width: 280px;" type="text"/>	<input style="width: 280px;" type="text"/>	CIT <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
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Invoice: ☐ Raise invoice in company name ☐ Raise invoice in student name and email to company

Authorising Officer	Position	Signature	Date
<input style="width: 220px;" type="text"/>	<input style="width: 220px;" type="text"/>	<input style="width: 180px;" type="text"/>	<input style="width: 150px;" type="text"/>

The third party 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.

ADMINISTRATION USE ONLY	Entered on CRM by: <input style="width: 250px;" type="text"/>	Date: <input style="width: 100px;" type="text"/>
	CRM reference number: <input style="width: 150px;" type="text"/> – <input style="width: 150px;" type="text"/>	