



# The Parramatta College

## Student consent to release Information

Student's Name:.....

Date of Birth:.....

Course Code:.....

I give permission for the following information

	Write your initials here to indicate against the records you give permission to release
Attendance records	
Training records – your progress	
Assessment records – your progress	
Contact details	

To be released to (name).....

Of (organisation name).....

Students signature:.....

Students Full Name:.....

Date:.....