Information Release Form

Name of Learner:	
Date of Birth:	
Address:	
Student number/USI:	
Today's Date:	
Name of Course:	
genU Training Site:	
Name of Trainer:	

Information to be released: (please tick)

☐ **Enrolment details**	☐ **Assessment**	☐ **RPL Assessment**
☐ **Statement of Attainment**	☐ **Unit Record**	☐ **Workplace Training Logbook**
☐ **Certificate**	☐ **Emergency contact**	☐ **Other**

Copies of certain documents may incur a fee. Please check with genU Training staff for details.

Please specify:

Organisation information being released to details and reasons:

I hereby authorise genU Training 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 Karingal St Laurence Ltd. A full copy of the Privacy Policy of Karingal St Laurence Ltd. is available on request.