

# Information Release Form (F1)

For the release of student information to a 3rd party



## PLEASE READ CAREFULLY BEFORE COMPLETING AND SUBMITTING THIS DOCUMENT

### Purpose of this form

This form should be used by a student to consent to the Australian Institute of Food Safety disclosing their personal information (e.g. Name, Student ID, Email Address) to any representative nominated by a student.

### Instructions

Please ensure you have read the form entirely before completing. Requests will not be actioned unless this form is completed as required. If this form is incomplete when submitted to us, it will not be returned to you. When submitting, please ensure you provide us with the original copy.

- Please use black or blue pen
- Print clearly in block letters

If you require assistance in completing this form, please contact us at support@foodsafety.com.au or by calling 1300 797 020

### Lodgement

Once you have completed this form, please return via email at support@foodsafety.com.au or by mail to:

AUSTRALIAN INSTITUTE OF FOOD SAFETY  
GPO BOX 436  
BRISBANE, QUEENSLAND  
AUSTRALIA, 4001

### Your Privacy

Your personal information is protected by law. The Australian Institute of Food Safety collects and stores the personal information of our students and customers for the purpose of delivering vocational education and training.

Any data collected by the Australian Institute of Food Safety complies with the Privacy Act 1988 (Commonwealth).

## AUTHORISATION FOR RELEASE OF INFORMATION

The Australian Institute of Food Safety has a statutory obligation to comply with the privacy rules outlined in the Commonwealth Privacy Act 1988. The personal information of a student may not be released to a third party without receiving consent from the student in the form of written permission (this form). For further information please contact the Australian Institute of Food Safety or consult our publicly available privacy policy.

### 1. PERSONAL INFORMATION

FIRST NAME	<input type="text"/>
LAST NAME	<input type="text"/>
DATE OF BIRTH	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
STUDENT ID	<input type="text"/>
PHONE NUMBER	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>

### 2. THIRD PARTY TO RECEIVE INFORMATION

NAME	<input type="text"/>
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### 3. STUDENT DECLARATION

I consent to the Australian Institute of Food Safety releasing personal information about me, including but not limited to, my personal contact information, academic results, enrolment status and financial details to any third party identified above. This consent shall continue until such time that I have notified the Australian Institute of Food Safety that my consent is withdrawn.

DATE	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
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SIGNATURE

<input type="text"/>
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