

Consent to Release Information Form



This form gives written authority to staff from Swinburne University's to OBTAIN AND RELEASE information relevant to your study requirements. Please read the information carefully. If you have any questions come into [Library & studentHQ](#) or call us on 1300 794 628 (option 1).

Any personal information provided by you to Swinburne University will remain confidential and will not be disclosed without written or verbal consent from yourself. The only exception is where there are legal requirements (e.g. court orders) and otherwise as set out in Swinburne's Privacy Policy, Privacy Guidelines and Procedures. Swinburne's privacy statement can be viewed at: <http://www.swinburne.edu.au/privacy.htm>.

All information kept by Swinburne University is only accessible by the Swinburne University staff (and contractors) with system access. Information that is not classified as personal (e.g. exam arrangements) may be shared with relevant parties at the University's discretion.

Student Name			
Student ID Number		Division	<input type="checkbox"/> Higher Ed <input type="checkbox"/> Pathways & Vocational Education <input type="checkbox"/> Short Course
Campus	<input type="checkbox"/> Hawthorn <input type="checkbox"/> Wantirna <input type="checkbox"/> Sydney <input type="checkbox"/> Croydon <input type="checkbox"/> Off campus <input type="checkbox"/> OUA	<input type="checkbox"/> Swinburne Online	

I give permission for staff within Swinburne University to discuss issues relating to my enrolment to the following individuals or members of the organisations listed below:

Name	Information (full name, organisation, relationship etc)	Contact Details
<input type="checkbox"/> Relevant Swinburne Staff		
<input type="checkbox"/> Student Development and Counselling		
<input type="checkbox"/> Swinburne Health Service		
<input type="checkbox"/> Swinburne Careers and Employment Service		
<input type="checkbox"/> Swinburne Student Life and Student Union (SSU)		
<input type="checkbox"/> Education Access Worker (Support staff)		
<input type="checkbox"/> Case / Employment Manager		
<input type="checkbox"/> Parents / Carers		
<input type="checkbox"/> Doctor		
<input type="checkbox"/> Psychologist/ Psychiatrist		
<input type="checkbox"/> Other		

Consent Period:	Start Date:		End Date:	
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I understand that the information communicated with the above individuals or organisations will be relevant to my study. I give permission for Swinburne University to communicate with the above individuals or organisations when necessary. Should I wish to withdraw my consent at any time, I will contact Swinburne University and inform them in writing.

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**Declaration must be signed in the presence of an Administrative Officer at any Swinburne [Library & studentHQ](#) location.
Student must present Identification when lodging this form.**

Signature		Date	
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