



Permission to Release Personal Information - Students

The College is bound by the Privacy and Personal Information legislation of various States and Territories in which it operates.

The College is committed to maintaining the privacy of all students' personal information held by the college. Further information can be accessed in the College's [Student Records Policy](#) and [Privacy Policy](#).

From time to time, the College is requested to disclose information to a third party in relation to a student's studies.

This form may be used by a student to consent to the College disclosing their personal information to any representative nominated by the student. Personal information may include student ID, name, course and email address, financial details, enrolment status and academic results. Enrolment status may include informing the third party if the student withdraws from a course or fails to enrol in a course being sponsored by a third party.

Completing and signing this form grants the College permission to release your student information to a designated third party nominated in this form. A separate release form must be completed and signed for each third party that you wish information released to. The specified information will be made available only if, and when requested by the authorised third party.

You may rescind this authorisation at any time by submitting a written statement to Student Services.

Definition of College: *The Australian College of Natural Medicine Pty Ltd (ACNM) trades as Endeavour College of Natural Health and FIAFitnation. For the purpose of this form, any reference to 'College' or 'the College' should be considered a reference to each or any of these respective trading names, depending on the student's enrolment history.*

1. PERSONAL DETAILS – STUDENT

Student Number

Unique Student Identifier (USI)		Date of Birth
Title	Given Name	Family Name
Address		
Suburb	State	Postcode
Phone Number		
Email		
Course/s of Enrolment		
Campus of Enrolment		

Commented [RW1]: VET only

2. THIRD PARTY DESIGNEE

Title	Given Name	Family Name
Company Name (if applicable)		
Address		
Suburb	State	Postcode
Phone Number		
Email		
Relationship to student		

Please check one or more boxes to select purpose for the release of information:

- ☐ Any and all purposes
- ☐ Employment only
- ☐ Admissions applications only
- ☐ Other (please specify) _____

Certification

I, the student named at Section 1 above, grant authorisation to the third party named at Section 2 above to access my student record/information including my academic results, enrolment status and financial details in relation to my study at the College. I understand that by signing this authorisation, I am waiving my rights of non-disclosure of these records under the applicable laws with regard to the designated third party listed above and **that party only**. I understand that this release is valid until I notify the College in writing that I wish to revoke it.

Student Signature

Student Name

Date

OFFICE USE ONLY

Date Received

Received by (name)

☐ Filed

☐ Entered in Filemaker

Signature

Date

Note for staff: if you are processing this form and need to release information immediately, please complete the 'Approval to release personal information form', which must be signed off by the Office of Student Records every time information is released.