

AccessAbility Services - Authority to Release Form

To assist AccessAbility Services in providing students with the most appropriate support, it may be necessary to exchange information with other individuals, including University staff members and external service providers.

[I hereby give consent to, and permission for, a representative of AccessAbility Services to obtain information from and/or release information to:](#)

Name: _____

Relationship to me or Profession: _____

Organisation (if applicable): _____

Email: _____

Phone: _____

[Please specify if there is any information that you DO NOT consent to have released/obtained:](#)

Notwithstanding the above, in certain circumstances the University may also need to disclose your personal information (if relevant to your participation in a placement) to placement organisations as required under a Student Placement Agreement.

- I have read and understood the above information. I understand how my information will be used and/or obtained, and that this information will not be released to, or obtained from, any other third parties except as outlined above. I also understand that I may revoke this consent at any time by advising AccessAbility Services in writing.

Student name: _____

Student ID: _____

Sign: _____

Date: _____