



CONSENT TO RELEASE INFORMATION

Today's Date: _____

Full Name:	_____	Date of Birth:	_____
Address:	_____	Phone No:	_____
Suburb:	_____	P/Code:	_____

I, _____ (print name) provide consent for Artrack Australia Pty Ltd to release my information to:

Full Name:	_____	Workplace:	_____
Position:	_____	Phone No:	_____
Address:	_____		

I have been informed and understand how this information will be used, and that this information will not be passed on to other third parties except as outlined in the above consent form. This consent is valid for a period of _____ months/years (please specify).

Signature: _____ of student

Signature: _____ of witness. Name: _____

Instructions to staff: File completed form in student folder. Scan page and enter into Vettrak as History Item.