

CONSENT TO

RELEASE INFORMATION**Personal details**

| | |
|-------------------------|----------------|
| Family name | |
| First name(s) | Male Female |
| Date of birth (d/m/y) | Student ID |
| Telephone (home/mobile) | |
| E-mail | |
| Full address | |
| City | Postcode |
| Country | |

Office use only

| | |
|-------------------------------|------|
| MIT Administrator's Signature | Date |
|-------------------------------|------|

Student declaration

| | |
|---|-------------------------|
| I hereby authorise Murdoch Institute of Technology to discuss, as is deemed necessary, personal and academic information pertaining to my studies, attendance, behaviour and academic progress at MIT with: (provide details of person to share information with) | |
| Full Name | |
| Date of birth (d/m/y) | Telephone (home/mobile) |
| E-mail | |
| Student's signature | Date |

Return this form to Reception at MIT:

Privacy: We recommend that you read MIT's Privacy Policy published on our website www.murdochinstitute.edu.au/privacy

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