

DISCLOSURE OF INFORMATION CONSENT FORM

| | |
|------------------|-------------------------------|
| Name of Student: | _____ |
| Address: | _____ _____ _____ |
| Telephone No.: | _____ |
| Course Title: | _____ |
| Course Code | _____ AVTES Student No. _____ |

Declaration:

I, _____
(student's name)

seek to have copies of any Confirmation Reports, Statements of Attainment and/or Qualification Certificates associated with the above records at Australian Vocational Training & Employment Services Pty. Ltd. (AVTES) made available for disclosure to (*please print details where indicated below):

(name of recipient)

from, _____
(name of recipient's organisation)

Student's Signature: _____

Date: ____/____/20____