

# General Authority to Release Information

Student Number

Title  Mr  Mrs  Ms  Miss  Mx  Dr  
 Other

Surname

Given Names

Preferred Name

Gender  Male  Female  Indeterminate/  
Intersex/Unspecified

Date of Birth (DDMMYYYY)

**Postal Address** (must be completed by all students)

Number & Street or PO Box

Suburb / Town

State  Postcode

Country (if outside Australia)

Home Phone

Work Phone

Mobile Phone

Please indicate to whom you authorise the release of information regarding the course(s) listed below:

Title	Surname	Given Name	Address/Email Address	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate duration of authorisation:

Course Name	Start date	End date	OR Duration of Course	OR Year only (eg.2019)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Charles Darwin University requires written confirmation of any cancellation or variation to this authorisation to release information.

Please indicate the type of information to be released:

- Grades  Course Completion date  Postal/Home Address  Course Status  
 Fees and Payments  Enrolled units attempts  Other:

I hereby declare that the information I have entered on this form is accurate and correct.

Student Signature: \_\_\_\_\_ Date: / /

Please return this form to Student Central, Charles Darwin University, Darwin, NT 0909. Fax (08) 8946 6642. Email: student.central@cdu.edu.au