



RELEASE OF INFORMATION

(IN ACCORDANCE WITH LEGISLATION AS SET OUT IN THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, 1987)

I, _____
(please print name in full)

(address)

HEREBY, CONSENT AND AUTHORIZE THE RELEASE AND DISCLOSURE
OF _____
(please specify information to be released)

IN THE POSSESSION OF DURHAM COLLEGE,

TO: _____
(please specify: Person, Agency, Institute, Company)

(address)

FOR THE TIME PERIOD OF:

_____ to _____
(date) (date)

PLEASE SIGN BELOW:

_____ (signature) _____ (date)

_____ (witness) _____ (date)