



<b>Title:</b>	<b>Release of Information</b>	<b>FORM CS 2.04.01</b>
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**CONFIDENTIAL**

By completing this form, you give authority to *Progressive Training (WA) Pty Ltd* to release personal information.

I hereby authorise *Progressive Training (WA) Pty Ltd* to release information on my behalf to:

<b>Name of person or organisation:</b>	
<b>Phone:</b>	
<b>Address:</b>	

I agree that where I have indicated with a tick, the following personal details may be released to the person/organisation indicated above.

( tick where relevant)	
<input type="checkbox"/>	Resume
<input type="checkbox"/>	Statement of Attainments gained through <i>Progressive Training (WA) Pty Ltd</i>
<input type="checkbox"/>	Statement of Attainments <i>Progressive Training (WA) Pty Ltd</i> have on record but were gained through other organisations
<input type="checkbox"/>	Other Certifications I have on record at <i>Progressive Training (WA) Pty Ltd</i>
<input type="checkbox"/>	Other information not listed above (Please specify)

**Note:** *Progressive Training (WA) Pty Ltd* may also disclose my personal information to another party without my consent where authorised or required by law.

<b>Name:</b>	
<b>Signature:</b>	
<b>Phone Number:</b>	
<b>Date:</b>	

Student ID: \_\_\_\_\_ (Office Use Only)