



CONFIDENTIALITY RELEASE FORM

This consent form relates to personal information about:

(Name) _____ (Date _____ of
Birth) _____

(Address) _____

I _____

hereby authorise Echuca College to request and release assessment reports and any other
relevant information about

_____ of
(Name organisation/person) _____
—

(Name organisation/person) _____ of
—

(Name organisation/person) _____ of
—

(Name organisation/person) _____ of
—

I understand that only relevant information will be exchanged and confidentiality will be
maintained and respected at all times.

Name: _____ Mobile _____



DIVERSITY OF
STRENGTH

Authorising
signature: _____

—

Relationship _____ to
student: _____

Date: _____