

Disclosure of Information Permission Form

Holmesglen respects your right to privacy and handles your personal information in accordance with relevant privacy legislation. Our [Privacy Policy](#) outlines our obligations and how we will handle this information. By completing this form, you consent to Holmesglen employees sharing your personal information with the specific organisations or persons named below. You can withdraw or change your consent at any time, by contacting Holmesglen Assist at E:assist@holmesglen.edu.au

Student Details

Holmesglen Student ID Number:

Date of birth:

Last name:

First name(s):

! Go to [myHolmesglen](#) to update your contact details.

Contact One:

Last name:

First name(s):

Relation to student:

Organisation name:

Mobile number:

Contact telephone number:

Email address:

Contact Two:

Last name:

First name(s):

Relation to student:

Organisation name:

Mobile number:

Contact telephone number:

Email address:

Student Declaration:

I consent to Holmesglen sharing:

☐ all relevant personal information and records held about me

☐ only specific personal information or records (please specify below):

This consent applies:

☐ one time only

☐ ongoing

☐ until a set date:

Student name:

Student signature:

Date: