

AUTHORITY TO RELEASE INFORMATION AND/OR DOCUMENTATION

I, _____ Student ID No. _____

hereby consent and authorise _____

pursuant to the **Information Privacy Act 2000** and Monash University's Privacy Policy to provide

_____ of MONSU Student Rights & Support with any

and all information and/or documentation **only** relevant to:

I understand that all employees of MONSU Student Rights & Support are bound by the provisions of the **Information Privacy Act 2000** and that I may revoke this consent at any time.

Dated: ____ / ____ / ____

Signed: _____