



Authorise to Release Personal Information/Document(s) Form

Student Name:	IIBT Student ID:
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Mobile:	Email address:
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I __ *(print name)* _____ authorise _____
(person name who collects information/document(s)) to collect the following requested
 information/document(s) on my behalf.

(e.g. academic record, attendance, personal information, certificate)

Student Signature:	Date:
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For IIBT Office Only:

Information/Document(s) given:
 I __ *(staff member print name)* _____
 provided the above information/document(s) on receipt of this request.

Staff Signature:	Date:
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