



STUDENT CONSENT FORM

This form is to be completed at enrolment of each student, asking for permission to use photos in marketing and for the release of personal information

Student Details

Male Female

Date of Birth (dd/mm/yy): _____

First Name: _____

Family Name: _____

Student ID: _____

Use of Student Photographs (Please do not sign this if you do not agree)

This release form is for Australian Lawrence Aged Care College to publish photographs of you for marketing and advertising material. By signing below, you agree for release of your photographs as mentioned above, and understand that you have the right to revoke the permissions granted here at any time by submitting your request in writing to our office.

I hereby authorise Australia Lawrence Aged Care College to use photographs of myself for the purpose of marketing, both in print and online.

Signature: _____

Date: _____

Release of Information (Please do not sign this if you do not agree)

Australasian Lawrence Aged Care College does not share student's academic and/or personal records with third parties, including parents, without student consent.

Australasian Lawrence Aged Care College may however be required to share a student's records as required under the Standards for Registered Training Organisations or by law.

Our Privacy Policy protects the privacy of student records and generally limits access to the information contained in those records by third parties, however, there are situations in which ALACC may, at its discretion, and sometimes must, disclose information with a student's written consent.

You may choose to grant ALACC the right to disclose personal records to certain organisations and individuals by filling out and signing this consent form.

You have the right to revoke the permissions granted here at any time by submitting your written advice to ALACC. Such advice will not affect disclosures made by ALACC relying on your consent prior to receipt of such notice of revocation.

I hereby authorise Australia Lawrence Aged Care College to use release information regarding my student's records as required.

Signature: _____

Date: _____