



## Information Release Form

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I hereby authorise Australasia International School to disclose the information as per this release form to the organisation identified above.

Signature: \_\_\_\_\_ Date     /     /

The personal information supplied and collected in this form is subject to the Privacy Act 1988 (Commonwealth) and will be treated in accordance with the Privacy Policy of Australasia International School. A full copy of the Privacy Policy of Australasia International School is available on request.

Please return completed form to:

Address