Authorisation Form for Certificate and Training Records Release

Authorisation to Release Information	
l,	, hereby authorise to request and obtain the following
Full Name of Individual information on my behalf:	Third Party's Full Name, such as Employer, Training Provider, ect
☐ A copy of my ce	rtificate titled
Details of my tra	ining records, such as training dates or course names.
	e authenticity of my certificate with the issuing authority.
This Authorisation is valid for	the purpose of: Specify the purpose or reason for the request
Information about	the Individual
Full Name:	
Date of Birth:	
Address:	
Contact Number:	
Email Address	
Information abou	the Third Party
Full Name of Third Party:	
Address of Third Party	
Contact Person at Third Part	,
(if applicable)	
Contact Number of Third Par	ty:
Email Address of Third Party	:
Duration of Authorisation:	
Additional Terms	and Conditions
☐ The third party is :	sclosed is solely for the purpose specified above and may not be used for any other purpose. equired to maintain the confidentiality of the information obtained and not to disclose it to any unauthorised individuals. etains the right to revoke this Authorisation at any time, provided it is done in writing.
Applicant Signature:	Date:/
	ct unless revoked in writing by the undersigned.