Release of Student Records to a Third Party

Please complete this form and submit it to PTS to authorise your records to be released.

PTS will accept:

- Scanned form emailed to <u>support.services@pts-training.com.au</u>
- Original form posted or dropped in to PTS office (90 Training Place Jandakot WA 6164)

Your full, legal first name:	
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Your surname:	
Your Date of Birth:	
(DD/MM/VV)	
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Your day time contact	
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Your email address:	
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I hereby give my approval for	PTS to release my student records to:
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Name of Third Party:	•
Name of Third Party: Email address of Third	
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