

Release of Information Form

Student Name: _____.

Address: _____.

Telephone: _____.

Email: _____.

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I am over 18 years of age and have read and understand all of the above information, furthermore, I also agree that this form was filled out by me by my own free will, without any intervention by any third parties.

_____	_____	_____
Witness Name	Witness Signature	Date

Please return signed form to City College. This can be done in person or by email to: info@citycollege.edu.au

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