



CRANBOURNE EAST SECONDARY COLLEGE

AUTHORISATION FOR THE RELEASE OF STUDENT INFORMATION

I, _____ give my consent for
(Parent / Guardian Name)

(Previous School)

to release information about my student/s,

Student Name/s:	_____	D.O.B:	_____
	_____	D.O.B:	_____
	_____	D.O.B:	_____
	_____	D.O.B:	_____
	_____	D.O.B:	_____

to the Enrolment Officer at Cranbourne East Secondary College, 50 Stately Drive, Cranbourne East, Victoria, 3977. The College can be contacted on (03) 5990 0200 or by emailing Lisa Marshall (Enrolments) at marshall.lisa.i@edumail.vic.gov.au

Signed: _____ (Parent / Guardian) ____ / ____ / ____ (Date)

Name: _____

Address: _____

Contact Phone: _____

Opportunity, Achievement, Success