



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:

	DOB	
	DOB	
	DOB	
	DOB	
	DOB	

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 Enrolments/Exit officer at cranbourne.east.sc@edumail.vic.gov.au

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

Name: _____

Address: _____

Contact Phone: _____