



Consent to the Disclosure of Personal Information

Important Information

The information in this form is collected for the purpose of providing ACN with your consent to disclose information about your enrolment to your employer or local health district funding your study.

For information about how ACN collects, uses and discloses personal information or how you may request access to, or correct the personal information that ACN holds about you, please see the Student Privacy and Personal Information Policy at: <https://www.acn.edu.au/about-us/policies-and-assurance>

Personal Details (please print clearly)

Family Name:	
Given Name (s):	
Date of Birth:	Contact Number:
Course Name:	
Name of Employer or Local Health District:	
Declaration I consent to ACN releasing personal information about me, including my academic results and my enrolment status to my employer or local health district funding my study. This consent remains valid for the duration of my enrolment at ACN or until such a time that I have notified ACN that my consent is withdrawn.	
Signature	Date:

Please return the completed form to:

By email: customerservices@acn.edu.au

Customer Service Use Only

Date Received:	Date Processed:
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