

AUTHORITY TO ACT  
AUTHORIZATION TO RELEASE PERSONAL INFORMATION FORM

I authorise \_\_\_\_\_ to act on my behalf with the following specific matters.

[illegible]

I authorise the above named organisation or persons to release any personal information. Date:

Full Name :	
Date of Birth :	
Client Number / Reference :	
Phone Number :	
Email Address :	
Address :	
Signature/s	

This authorization enables the authorised individual named above to obtain personal information to assist you with your enquiry and to make representations on your behalf. In accordance with the Privacy Act 2020, it can only be used for the matters set out in this form and it can be withdrawn at any time.