Authorisation to Release Information

I, ______, hereby authorise _______ to request and obtain the following information on my behalf:

□ A copy of my certificate titled ____

Details of my training records, such aa training dates or course names.

□ Verification of the authenticity of my certificate with the issuing authority.

This Authorisation is valid for the purpose of:

Specify the purpose or reason for the request

Information about the Individual

Full Name:	
Date of Birth:	
Address:	
Contact Number:	
Email Address	

Information about the Third Party

Full Name of Third Party:	
Address of Third Party	
Contact Person at Third Party (if applicable)	
Contact Number of Third Party:	
Email Address of Third Party:	
Duration of Authorisation:	

Additional Terms and Conditions

- The information disclosed is solely for the purpose specified above and may not be used for any other purpose.
- The third party is required to maintain the confidentiality of the information obtained and not to disclose it to any unauthorised individuals.
- The undersigned retains the right to revoke this Authorisation at any time, provided it is done in writing.

Applicant Signature:

Note: This authorisation will remain in effect unless revoked in writing by the undersigned.

Date:____/ ____/