



## Consent for Disclosure of Information

I, \_\_\_\_\_, hereby give permission for the listed person,  
company or organisation \_\_\_\_\_ to  
access the following information about me held by ASPA.

The information to be supplied is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The address for the information to be sent is:  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

### For Office Use Only

Information sent is attached to this request \_\_\_\_\_  
(signature / date)