



# Taminmin College

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## PERMISSION TO PROVIDE RESULTS TO THIRD PARTY

Title  Mr  Mrs  Ms  Miss Gender  Male  Female

Full Name: \_\_\_\_\_  
 Last First Other

Address: \_\_\_\_\_  
 Street Address

Postal Address (if different) \_\_\_\_\_

Town or City State Postcode

Home Phone: ( ) Mobile Phone: ( )

E-mail Address: \_\_\_\_\_

Birth Date: ...../...../.....

In relation to results held at:  
 (name of RTO) \_\_\_\_\_

I hereby give permission for:

My personal details and training results to be accessed by Taminmin College  
 for training purposes  Yes  No

My personal details and training results to be shared with a third party  
 for training purposes (if applicable)  Yes  No

Signature: ..... Date ...../...../.....

***\*A copy of your identification must be provided with this form.***

### OFFICE USE ONLY

Identification Sighted / Copy Provided:  Yes  No Type of ID: .....

(If no photo ID is available, a statutory declaration from a School Principal verifying identification is accepted and should be attached to this form).