

Consent for the Release of Police Records

Please read all information carefully, completing all fields and signing where required prior to submitting this form.

Name: _____ Student ID: _____

Discipline: _____

This signed consent authorises the CareersUC Placement Team, at the University of Canberra to release a copy of my police records to placement providers while I am a student at the University.

Declaration:

I understand that my Police Record Status will be discussed by staff at the agency where I have been allocated my professional placement.

Signature: _____ Date: _____

***Staff in the University of Canberra will treat all information in the strictest confidence.**

Please upload this form to InPlace together with your National Criminal History Check (NCHC) and ACT Health Police Check Release Form.