

# Consent for the Release of Police Records



**UNIVERSITY OF  
CANBERRA**

*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 Placement Office, Student Administration & Planning, 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.**

**Form to be returned to the Placement Office, Student Administration & Planning.**